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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

VOL. XIX.

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No. 1.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

TWO CASES OF DIABETES PROBABLY DUE TO GASTRO-INTESTINAL DISEASE, WITH DISCUSSION.

BY GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind.

The possibility of diabetes being caused by toxins of gastrointestinal or other origin, has long impressed me, and when the cases here reported came under observation I decided to make a therapeutic test so far as practical. Phloridzin diabetes is clearly due to this substance, acting as a poison in some manner in the blood, antagonizing in some way the sugar-destroying substance thrown into the blood from the pancreas, which normally prevents the occurrence of glycemia. The cases are reproduced from a more lengthy article in a contemporary magazine. (1). The Toxemic factor in Diabetes Mellitus—A Clinical Study. *Medicine*, January, 1899.

• *Case 1.*—Mr. S——, a merchant aged 62, consulted me July 13, 1898, on account of diabetes mellitus, which had been recognized by his family physician about one year previously. The first thing that attracted the notice of the patient was the characteristic syn-

drome of a craving appetite, unusual thirst, the voidance of an excessive quantity of urine, and loss of flesh, amounting during the last year to forty pounds, the last month showing a loss of about three pounds, this average having been kept up for a year, in spite of the voracious appetite. The daily quantity of urine for some time had been about 4000 cubic centimeters. Slight distress in the stomach and lower part of the abdomen, with troublesome gas formation, had existed for several weeks. The pulse was 102; the tongue clean and slightly red. General debility was marked, and physical and mental endurance was low. There was shortness of breath on slight exertion, and vision was impaired. The heart's action was normal, and there was no enlargement of heart, liver, or spleen—in short, negative findings throughout, with the single exception of some tympanites. His diet has been Graham bread *ad libitum*, meat, fish, and apple-sauce.

Urinalysis: Quantity of urine 4000 cubic centimeters, specific gravity 1039; total solids 363 grammes; reaction acid; urea 1.3 per cent., or 52 grammes; uric acid not estimated. Sugar 6.9 per cent., or 276 grammes; chlorides 1.17 per cent., or 46 grammes; indican .008 per cent., or 320 milligrammes.

Considering the very large quantity of indican as a proof of intestinal putrefaction, I proceeded at once to examine the colon, and found large quantities of mucus, with rich growth of bacteria and protozoa. It seemed to me to be a good opportunity to ascertain whether a gastro-intestinal autointoxication might not be in some measure responsible for the symptoms, so I advised thorough disinfection of stomach and intestines. Mechanical attempts at the former were declined, but the patient entered at once upon a course of colon irrigations, abdominal massage, and hydrotherapeutics; at first daily, and later on alternate days, continuing the treatment for about one month. In order that whatever results were obtained might not be attributed to any other influence, no drugs were given, and the diet remained the same, with the addition of a baked potato twice a day. The result was almost immediate; in two days the sugar had fallen to 168 grammes, the fifth day to 142, the eighth to 112. By this time the indican had been reduced about one-half. The diminution in sugar excretion from this time proceeded more slowly, and at the end of about three weeks had fallen to 40 grammes.

Curiously the polyuria underwent no material modifications,

the amount of urine with 40 grammes of sugar being within a couple of hundred cubic centimeters of the original amount.

The improvement in the general condition of the patient was marked. Instead of losing three pounds as in the preceding month, he had gained three, and his general strength and endurance were markedly improved. He was discouraged, however, because of the continuance of the polyuria, and disappeared from view. A letter from his son a few weeks later informed me that the patient was away on a vacation, and was feeling quite well; but no details were given.

Case 2.—Mrs S.—, aged 52, consulted me October 8, 1898, on account of severe paresthesia of both hands and arms, extending up to the shoulders, of about fifteen years' duration, and exceedingly troublesome, much of the time preventing her from sleeping at night. She also complained of pains in the neck, and of paroxysmal pain in the coccyx, relieved by pressure. She had suffered for years with "sick-headaches," which formerly occurred at intervals of about two to three weeks, but for the last year or so had become more frequent. At the time when the headaches occurred she was very drowsy and felt like sleeping most of the time. She had been for some time losing flesh and strength gradually. Appetite good, could eat almost any kind of food, and had no stomach distress. Had excessive gas formation in both stomach and bowels, which was always worse at the time of headaches, especially when getting over them. Had occasional eruptions of bile, which she formerly vomited, but lately regurgitated in mouthfuls. The bowels were constipated, especially at time of headaches, with occasional diarrhea.

The general character of the case appeared to me to be that of a gastro-intestinal toxemia. The quantity of the urine was 1500 cubic centimeters, although I found that it was really ranging between this and 2000 cubic centimeters; specific gravity 1030; urea 1.3 per cent.; daily excretion of sugar 140 grammes; indican 300 milligrammes, indicating extensive proteid decomposition in colon. Stomach examination showed with Ewald test breakfast entire absence of free HCl by Gunsberg's reagent; total acidity 25 degrees; alizarin reaction 20 degrees, indicating 5 degrees of combined HCl; biuret reaction absent. Starch digestion good. Reaction with Lugol's solution entirely absent, showing only achroodextrin in solution.

On the following morning, no food or fluid having been taken since previous evening, the stomach was found to contain about 50 cubic centimeters of a dark, grumous-looking, offensive fluid, gelatin cultures of which produced very dark colonies, almost black, liquefying the gelatin and producing gas. The fluid was of course swarming with bacteria, cover-glass preparations showing a long thread-like bacillus.

Examination of the colon revealed a pretty severe mixed infection, with the usual evidences of a chronic catarrhal condition.

It seemed that auto-intoxication might play an important role in the production of the glycosuria; and I determined to test the matter, in the most rigid manner possible, by clinical methods. No drugs whatever were given. The diet was not modified in any manner whatever, not even by the exclusion of cane sugar, which the patient took as usual in coffee, fruit, pastry, etc. She was advised to eat liberally of whatever she pleased, in order, as she was informed, to keep up her strength. Daily antiseptic irrigations of both stomach and colon, with intragastric faradism, abdominal massage, and general hot and cold douches, was the treatment instituted.

Improvement in all the features of the case began immediately. After two weeks of treatment the headaches, the troublesome nervous symptoms in the extremities, and the coccygeal pain had entirely subsided, and have not since returned. The amount of sugar showed an immediate decrease; in about ten days' time it had fallen to about 15 grammes, and the amount of urine to 925 cubic centimeters. The condition of the stomach showed very marked improvement; the quantity of germ-laden nutrient culture fluid in the fasting stomach became less and less, with diminished production of ptomaines and resulting autointoxication. The evidences of stomach disease were still quite marked, but the improvement was so great that the patient desired to go home for a week. This vacation was extended by her to nearly two weeks, during which time I received specimens of twenty-four-hour collections of urine every other day. During this time both the quantity of urine and the amount of sugar gradually increased, until when she returned she was excreting considerably over 100 grammes of sugar with about 1500 cubic centimeters of urine. The cause of the autointoxication, if this explanation could be invoked, was sufficiently obvious when the stomach was examined, as much the same condition that I

found at first had been reproduced, only somewhat less severe. Then came a second test of the effect of gastro-intestinal disinfection upon sugar excretion. The result was practically a repetition of the first trial. The sugar rapidly fell to 69 grammes in a week, and in another week to 25. Then came a period of a few days during which the symptoms did not improve, but became a little worse. Upon looking into the matter carefully I found that this period exactly corresponded to a change in the time of stomach treatment. I had become weary of hurrying through an early breakfast every morning to take care of a half-dozen stomach cases with digestion rather slow for midday treatment, and tried to conduct the treatments later in the day, several hours after suitably regulated meals. With some of the cases, in which digestion was not too much retarded, this worked well, but in this case, along with a few others, there was so much food debris that the treatment was unsatisfactory, and disinfection obviously incomplete. This case was again at once placed back to the morning treatment on the fasting stomach, and again the improvement was resumed. The sugar now ranges from 10 to 20 grammes per day, the urine still being moderately in excess (1100 to 1300 cubic centimeters), although this is at least in part and perhaps altogether accounted for by the large quantity of water the patient is directed to drink for the purpose of washing out the toxins from the circulation.

The stomach condition has continually improved, until, for some time past, the fasting stomach has been empty and the washings clear, with the exception of numerous mucous flocculi, floating in a clear instead of an opaque medium, which are themselves of course infiltrated with germs and are the evidences of a residual gastritis, which will probably be some time yet in disappearing. Unfortunately intestinal disinfection has only been imperfectly accomplished, owing doubtless in part to the fact that stomach disinfection itself has so far been only partial. Some indicanuria still remains.

I have only reported so much of the details of these two cases as appeared to me necessary in order to show what I regard as the evidence of the effects of toxins in sugar excretion. I am not at all prepared to say that these toxic conditions were absolutely initial factors in the production of the disease. This is a question for future investigation to settle with reference to a certain group of cases. What appears to me perfectly clear is that the cutting off

from the circulation of a considerable quantity of toxic material from the gastro-intestinal tract had in these two cases a most remarkable influence upon the glycosuria. Even admitting, what can neither be affirmed or denied, that the gastro-intestinal disease was a secondary phenomenon, its influence upon the principal factor of the disease—namely, the glycosuria—still remains of the utmost importance.

Before definitely accepting the conclusion that the diminished sugar excretion in these cases was directly due to the cutting off of toxins from the circulation, there are certain other possible explanations which must be considered. In the first place it is well known that the glycosuria of diabetes is subject to marked and unaccountable fluctuations, and the possibility of a coincidence of such a corresponding fluctuation with the advent of the treatment, with its cessation, and again with its resumption, suggests itself. I do not believe that this is worthy of serious consideration, inasmuch as the results are too regular and constant to be thus explained in the two cases recorded. A large number of observations would, of course, be desirable; but the results were so immediate and direct, and withal so strongly supported by other facts, that the relationship seemed established in these cases, and justified at least a provisional conclusion.

Again, aside from the gastro-intestinal disinfection we have to reckon with the effects of hydrotherapeutic, electric, and massage treatment upon tissue metabolism. This effect is profound, and its importance in producing the phenomena presented in these cases, I am free to admit, may have been considerable. But these general measures of treatment have been repeatedly utilized in numerous cases of diabetes, by myself and others, without striking results. Nevertheless they are in my opinion important auxiliaries, otherwise I would not have used them. In such and all similar cases of severe nutritional disease it is a binding obligation to use every available means for the improvement of general nutrition, and hydrotherapeutics occupies first rank among such means. But these alone do not and cannot fully explain the constant results obtained in these cases.

And, finally, the fact that these two cases belong to a group occurring in the second half of life, of moderate severity, and usually easily managed, is really unimportant so far as my principal contention is concerned. If it is, or can be, demonstrated that toxins of gastro-intestinal or other origin profoundly influence sugar ex-

cretion, it raises a question of supreme importance and gives us a hint of at least one direction in which we may hopefully look for a little light on the mystery which envelopes the genesis of this disease.

The following conclusions appear to be warranted:

1. That all cases of persistent glycosuria are cases of diabetes mellitus, of varying grades.

2. That diabetes mellitus is a disease of diverse origin, the unity of the clinical picture being for the most part dependent upon the glycemia and glycosuria, which are mere incidents, although dominating factors of the disease.

3. That phloridzin diabetes is not essentially different from clinical diabetes, and that it renders plausible the assumption of a chemic factor, either as a primary or an important secondary cause in the clinical type of the disease.

4. That normal sugar transformation in the blood, the failure of which is responsible for the glycemia and glycosuria, is the result of a chemic product in the blood, derived in man principally if not exclusively from the pancreas, and thrown directly into the blood from the pancreatic cells, without the intervention of the duct.

5. That the direct chemical antagonism of this chemic substance by another is no more improbable than such antagonism of a toxin by an antitoxin, which Martin has recently established.

6. It is probable on both clinical and experimental grounds that certain chemic poisons, for the most part of gastro-intestinal origin, but possibly also from faulty tissue metabolism, or as a perverted "internal secretion" from glands, not necessarily ductless, either directly or indirectly antagonize, in whole or in part, the sugar-destroying substance in the blood, thus giving rise to glycemia and glycosuria, and thus either primarily causing or at least exaggerating the clinical phenomena of diabetes mellitus, in a certain group of cases.

7. If further investigations should corroborate the conclusions here provisionally set forth, it would be advisable hereafter to investigate the bacteriology of stomach and intestines in cases of diabetes mellitus, and if evidences of virulent bacterial, protozoal, or parasitic growth are found, these conditions should be met by suitable treatment, not with the expectation of entirely supplanting dietetic treatment, but as an important auxiliary to the latter, possibly rendering its restrictions less severe, with less resulting impairment of nutrition.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of December:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	26	10
Scarlet Fever ..	8	0
Measles	not rep	0
Typhoid Fever	not rep	1
Tuberculosis	not rep	8
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough.....	0	0
Total deaths from all causes.....		63

THE DELAYED JANUARY NUMBER.

We owe an apology to our readers for the unavoidable delay in getting out the January number. Owing to sickness of several of the members of the editorial staff, together with delay in holding the annual meeting of stockholders, which always precedes the issuing of the first number of the new year, it has been impossible for us to furnish the January number at the accustomed time. The February number will appear from press as usual, and we promise our readers that future numbers will also appear on time.

RACE QUESTION IN MEDICAL COLLEGES.

The students of Jefferson Medical College are protesting against the admission of colored students; or to be more exact, they suspicion the presence in the school of a "gentleman not altogether white," and have appointed a committee to inquire into the matter. If the suspicion proves to be true, an "earnest protest will be sent to the dean." It would be interesting to know how this class stands on the question of annexation of the Phillipines. We predict that this would be a rich field for the Anti-imperialist League to work. However, incompatable political mixtures are quite as common as incompatable medical compounds.

M. F. P.

CHRISTIAN SCIENCE ON TOP.

It is with surprise and regret that we notice in the daily dispatches an account of a cose recently occurring in Cincinnati, in which a lower court has decided that the Christian Scientist who murders patients by ignorance and neglect, is not amenable to the laws regulating the practice of medicine, because, forsooth he or she does not use drugs (or "other agencies"), in the language of the Ohio Statutes.

Such a decision, if sustained by the higher courts, will be a serious check in the crusade against dangerous charlatanism, in which physicians are generously engaged, although the movement is solely in the interest of suffering humanity. It does not seem credible, however, that it can stand the test of an appeal, although this, of course, remains to be seen.

The effect of such a decision is far reaching, and would open the

doors widely to anyone who chooses to treat patients by means not specifically designated by the definition of the law. Many physicians treat cases by simply giving them advice of hygienic or dietetic character, and thus cannot be regarded, according to the position of this jurist, as a practitioner of medicine in the legal sense. He appears to take the position furthermore, that the practice of "christian science" is simply a matter of faith, with which the courts cannot constitutionally interfere. Such a contention is obviously absurd as applied to the practice of medicine, but if applicable at all would be equally so to the advocates of practitioners of any dogma or pathy whatever. The only way in which it can be said to be a matter of faith, is with reference to the faith that the victim may have in his advisor. This is equally true with regard to any patient under the care of any physician, real or alleged, whether a scientific man or the worst of charlatans.

Physicians are citizens of the world, and members of the great brotherhood of humanity, as well as practitioners of the divine art of healing, otherwise we might complacently fold our arms and smile at the fatulous and fatal folly of the indiscriminating and long suffering public.

G. W. M.

SALICYLATE OF SODIUM IN EYE-STRAIN.

In the November number of the *Maryland Medical Journal* appears an article by Edward Anderson, in which a case of eye-strain, attended by headache and a variety of other nervous manifestations, was completely relieved by a short course of salicylate of sodium treatment, the drug being given in fifteen grain doses three times daily.

The writer states that the patient had consulted numerous oculists, who had prescribed expensive glasses, but made no inquiry as to the general condition of the patient, and offered no medication for a rheumatic tendency that was so prominent that any average general practitioner would have attributed much of the trouble to this dyscrasia.

The case excites interest only from the fact that the writer leads us to believe that the oculists consulted were men of note in some of the eastern cities. While fully believing that a large number of pseudo-specialists judge every case from a limited field of investigation and examination, we cannot believe that any progres-

sive and reputable ophthalmologist will overlook the bearing which general diseases have upon many eye affections which primarily come under his care.

The man who fails to recognize rheumatism as a factor in the production of many eye affections, particularly the variety of asthenopic symptoms which Dr. Anderson portrays, is as guilty of lack of thoroughness in examination as the man who neglects to make an examination of the urine in examining applicants for life insurance.

Granted that eighty per cent. of all headaches are due to eye strain and that the patient had a large error of refraction, it was well enough to assume that much of the trouble was due to eye-strain, but no ophthalmologist is excusable for entirely overlooking the rheumatic tendency which was clearly present in the case cited, with its possibility of being a factor in the production of the annoying symptoms for which the patient sought relief.

There is such a thing as too much specialism and not enough knowledge of general medicine. The case cited is evidence of this, though it does not discredit the work of the thorough ophthalmologist who reaches his conclusions only after not only a thorough understanding of the conditions of the eye, but also the conditions of other portions of the body, which may have a direct and important bearing upon the prognosis and treatment of the symptoms for which the patient seeks relief.

A. E. B.

PICTURES OF MEDICAL MEN IN CONNECTION WITH THEIR PUBLISHED ARTICLES.

In a recent number of *Medicine* the editor advocates what he calls "a pleasing custom, increasingly in vogue, of the printing of physicians' photographs with the articles which they write." The argument made is that the printing of an author's picture with his article familiarizes the medical public with the faces of the more frequent contributors to medical literature, and if the author be at all prepossessing in appearance produces a favorable effect upon the mind of the reader.

While we agree with the editor of *Medicine* that there is a source of gratification at the sight of one of our friend's pictures, we confess that it would become extremely monotonous to have the face of many of the contributors to current medical periodicals

staring us in the face and reminding us of the unintellectual countenances of some of the long-suffering women who have been radically cured of some obscure female trouble by taking some much lauded patent medicine, the results of which she believes it to be her solemn duty to advertise to the suffering world, or the careworn features of the section hand whose picture adorns a highly spiced testimonial for Dr. Swindler's pile cure.

While we would appreciate seeing the pictures of the really eminent men in the medical profession, and for want of a better acquaintance learn to know them through these pictures as well as their writings, we certainly would discourage any attempt at cheap notoriety such as is aimed at by the universal publishing of author's pictures in connection with their writings.

A. E. B.

TROUBLES OF THE STATE BOARD OF MEDICAL REGISTRATION.

The editor of the JOURNAL-MAGAZINE has for many months been trying to determine what benefit has been derived from the new medical law which was passed by the Indiana State Legislature in the early part of 1897. The members of the Board of Medical Registration and Examination inform us that the law has been of much benefit in many ways, particularly in keeping out of the State a hord of medical quacks and pretenders who otherwise would have located within the State and preyed upon suffering humanity. Inasmuch as every person who expects to practice medicine within the State is supposed to apply to the Board for a certificate entitling him to a license, it is quite probable that the Board may know of many gentlemen, who, having applied for such papers, have been refused recognition and thus kept from entering the State and engaging in questionable practice. To the resident physicians, however, but very little change in the condition which existed before the passage of the law has been noted. The same medical quacks and pretenders who practiced within the domains of the State prior to the passage of the law still practice, whteher granted a certificate by the Board or not, and others of their kind are constantly locating within the boundaries of the State irrespective of the law demanding that they shall possess certain qualifications which they do not have.

While the JOURNAL-MAGAZINE was among the first to criticise the actions of the Board of Registration and Examination in giving more attention to the reputable and qualified practitioners of the State, (who were also compelled to comply with certain requirements) than to the unqualified to whom the law was principally directed, we are free to say at the present time that the Board has within the past few months made a few commendable attempts to make the law effective as far as it applies to the incompetents.

Granted, however, that the law is but partially effective, as evidenced by the fact that but little opposition is made to the immigration of a large number of medical quacks and pretenders to the State, and that the courts have been slow in recognizing the value of the law and sanction of its enforcement, it is now a question what must be done to make the law more effective or to altar its provisions so that the courts will recognize its importance and officers of the law be instructed to aid in its enforcement.

It is certainly a discouraging outlook to all upholders of justice to note the tendency of high officials to recognize that which to any reasonably intelligent mind should appear as derogatory to the best interests of society, and public health in particular. As an instance of this we cite the recognition of what is termed osteopathy by the legislature of the State of Missouri, with the sanction of the Governor. Also the recognition of what is popularly termed Christian Science by several judges throughout the New England States. Even the famous Mrs. Eddy, founder of metaphysical science, announces that she will take classes at her "college" (whatever that may be) and teach them the mysteries and methods of Christian Science medicine, and attest to their proficiency by granting a diploma which she fully believes will be recognized in law.

There certainly is a reason for this increase in the recognition of such fallacious teaching, and we fully believe that it lies in the fact that the regular medical profession takes no steps of whatsoever nature to enlighten the public upon these questions which are of such vital interest to the health of the nation. We shroud ourselves with the cloak of professional ethics and withhold from the public the very knowledge that is essential to counteract the baneful influence of such ridiculous teaching as that of Mrs. Eddy and many more of her stripe. It may seem beneath our dignity to contradict the fallacious statements which these pretenders put forth, but unless steps of this kind are soon taken the time will come when the

influence of this class of imposters, who take every pains to enlighten the public as to their theories, will be such that courts and other official bodies will regularly recognize their cause and sanction their dangerous practices.

Again, the medical man pays too little attention to politics, forgetting that the ballot wields an influence not to be ignored. If the medical men in the more densely populated states of the Union would, irrespective of party affiliation, unite in the interest of better medical laws and their enforcement, and vote only for such men as have faithfully promised to enlist interest in the cause of better medical legislation, it would not be possible for small bands of fanatics, like the osteopaths of Missouri, to swing influence sufficient to force the passage of such an obnoxious law as now disgraces the statute books of Missouri. It is every physician's duty to exercise the privileges of suffrage, for to a more or less extent the character of legislation as pertaining to public health depends upon the influence exerted by the medical fraternity, and this influence becomes doubly effective when reinforced by the ballot.

If Indiana is to have an effective medical law the physicians must see that only such men are elected to executive office as will uphold wise medical legislation and assist in making such legislation effective. Candidates for office from Governor down to Prosecuting Attorney and Sheriff should be required to make ante-election statements as to the position to be taken upon the subject of medical legislation, and the members of the medical profession, irrespective of political affiliation, should vow not to vote for any man who shows prejudice to the interest of just medical laws and their enforcement.

Lastly, medical men must remember that in advocating laws to regulate the practice of medicine they are sanctioning that which is for the best interest of the community rather than that which is protection in nature for the physician. Actuated by the foolish and misleading statements of some of the physicians of the State certain legislators have already been led to oppose medical legislation on the ground of "class legislation," claiming that a law to regulate the practice of medicine is solely in the interest of a few medical men who acknowledge that they would be benefited and protected thereby. Such an argument appeals to the narrow mind of the average legislator, and he utterly forgets that while the physician is benefited from a professional standpoint by elevation of the standard of

requirements the public, otherwise unable to distinguish the good from the bad, is a greater gainer by having prohibited from practice the grossly incompetents whose impositions upon the sick and suffering are often nothing short of murderous.

Until the reputable medical men of Indiana make it a business to educate the people of the State upon the subject of the necessity of a thorough practical medical education as a requirement for legal practice of the healing art, we will see the cause of osteopathy, metaphysical science, and numerous other forms of quackery advance. Lack of efficient organization and effort amongst reputable medical men is already responsible for the tolerance of such quacks as the osteopaths and others of their kind by an uneducated, credulous and confiding public, and if quackery such as this continues to succeed, the burden of responsibility will fall upon reputable medical men who fail to make their influence felt. A. E. B.

NEWS NOTES AND COMMENTS

It is claimed that a drop of nitric acid applied to the crown of a wart, covered with a little absorbent cotton and a rag, will allow of the wart being picked off the next day.—Ex.

Dr. William Pepper, Jr., of Philadelphia, has recently recovered from a very severe attack of typhoid fever, and is now cruising in the Mediterranean. He will remain in the south of Europe for several months, or until fully restored to health.

An Iowa physician signs himself "Specialist in Practical Medicine" when contributing an original article for publication in one of our esteemed exchanges. A certain Michigan physician signs himself "Specialist in General Diseases." We will probably next hear of a "special specialist."

From an exchange we learn that Dr. S. Weir Mitchell, the well known physician and author, is suffering from the effects of overwork and has been compelled to take an extended rest. He has,

therefore, started for Egypt, where, in company with Mrs. Mitchell, he will spend several months.

Members of the medical profession and intimate friends recently presented to Dr. Borton, of Plymouth, a handsome gold watch upon the sixty-seventh anniversary of his birth. Dr. Borton has been a resident of Plymouth for forty years, during which time he has not only enjoyed a large and lucrative practice, but the esteem of a very large circle of friends and acquaintances.

We have recently received the Bulletin of the United States Department of Agriculture, giving valuable information regarding thirty poisonous plants of the United States. Each plant is fully described and illustrated, particular attention being given to information regarding the effect of the poisons and the proper antidotes.

Dr. Carl Proegler, of Fort Wayne, has an interesting article in the January number of the *American Journal of Dermatology and Genito-Urinary Diseases* upon the subject of "Gonorrhoeal Rheumatism." Dr. Proegler says that there is no specific for the disease, though treatment is largely that prescribed in ordinary acute rheumatism.

The City of Brussels recognizes the dangers attending the breathing of air which is impregnated with germs which arise from the drying of sputum and all kinds of refuse matter upon the public thoroughfares, and has, therefore, inaugurated a method of street sprinkling with antiseptic solutions, which is commendable and may be followed with profit by other cities throughout the world.

Mr. C. B. Kirkland, for many years the genial and enterprising advertising manager for Parke, Davis & Co., of Detroit, announces that he has severed his connection with that firm and has accepted a responsible post with the firm of J. C. Ayer Co., of Lowell, Mass. The latter company must be congratulated upon securing the services of such an energetic and capable representative.

In a late number of *Medicine* we find among the advertising

pages an "ad." of a well known chemical house lithographed in colors, making the advertisement a most attractive one and at once insuring more than casual notice by the reader. While this kind of advertising is necessarily expensive, we believe that the returns amply warrant the increased outlay, and that in the future advertisers in medical periodicals will more largely avail themselves of the colored lithograph in calling attention to their wares.

Dr. Paul Paquin has shaken the dust of Missouri from his feet and left his St. Louis home for Ashville, N. C., where he will occupy the position of medical superintendent of a large sanitarium which offers special care and treatment of all lung diseases. We may expect to hear from Dr. Paquin in the course of a few months with new and revised statistics as to the efficiency of the Paquin Serum. As Dr. Paquin will devote his entire time to the treatment of diseases of the lungs, the opportunity for original investigation, such as Dr. Paquin has been following more or less for several years, is exceptional.

Judging from reports in the metropolitan papers this is certainly an age of surgical miracles. The occasion for this unusual outburst of credit for medical progress is the reported successful operation for the removal of a tumor located in the frontal lobe of the brain, causing suicidal mania in the patient. From the meager reports obtainable it appears that the growth was located by cerebral localization, and upon operation was found to be cystic in character. While the operation is worthy of mention and does credit to the surgeons in charge, it is not without precedent and only adds one more to the list of successful undertakings in the line of brain surgery.

We have frequently been asked if a physician who takes out a license in any county of the State of Indiana can legally practice in any other portion of the State. Referring to this question we reproduce the opinion of Attorney General Ketcham, in which he says, "I think a licensed physician has a right to practice anywhere within the State. He can have but one residence at which he is required to take out a license, but I see no reason in the law why he could not maintain any number of offices if he feels so disposed. It

is not where he maintains his office that he is required to take out his license, but where his residence is, and it might well be that a physician should prefer to live in one county and yet have his office in another."

Urotropine, a non-toxic and non-irritating derivative of formic aldehyde, is now much lauded in the treatment of cystitis and phosphaturia. The drug is given ordinarily in seven to ten grain doses, in half pint of carbonated water three times a day, though the dose may be increased in chronic cases to twenty and even thirty grains twice a day. Fifteen minutes after the administration of the drug it appears in the urine. It is recommended that before the administration of urotropine the reaction of the urine should be discovered, and if very acid a citrate or acetate of potash, or if alkaline a little dilute mineral acid, should be given in addition to the drug. By some authorities urotropine is considered the most thoroughly reliable urinary antiseptic and astringent and the one nearest approaching to a specific for cystitis and allied affections.

Harriet O. Evans, a "Christian Scientist" of Cincinnati, complacently allowed Thomas McDowell to die of typhoid fever without any treatment except the much-vaunted prayer of these peculiar people. Under the energetic initiative of Dr. Charles A. L. Reed, of Cincinnati, who is a member of the State Board, she was prosecuted for practicing medicine without a license. The police court jury is said to have employed just twenty minutes in deciding that she was guilty as charged. The case has been appealed, of course, but it is a most excellent beginning. The thanks of the medical profession of the State are due to Dr. Reed for having shown in this and many other cases what a sincere and energetic member of the Board can accomplish. *Cleveland Journal of Medicine*. (Recently the higher court to which the case was appealed has reversed the decision.—Ed.)

Dr. John B. Hamilton, editor of the *Journal of the American Medical Association*, died at Elgin, Ill., on December 24th, from peritonitis following an abdominal operation by Dr. Nicholas Senn.

Dr. Hamilton was a man of much executive ability in addition to his rare attainments as a surgeon, author, and teacher. Through

his efforts as editor, the *Journal of the American Medical Association* has within a few years advanced from a periodical of comparative insignificance to a position of prominence which marks it as one of the leading weekly medical periodicals of the United States, as well as the official organ of the largest and most influential medical organization of the continent.

Dr. Hamilton showed his capacity for work by filling, in addition to the position of editor of the *Journal of the American Medical Association*, many positions of responsibility such as Superintendent of the State Asylum for Insane at Elgin, Professor of Surgery in Rush and the Post-Graduate Medical Colleges, and surgeon to various hospitals and dispensaries in Chicago.

Dr. J. H. Ford, of Wabash, ex-president of the Indiana State Medical Society and surgeon for the Big Four Railroad Company, has recently accepted the position of chief surgeon of the entire system of the Big Four Railroad Company, and surgeon in charge of the Company's general hospitals at Indianapolis. Dr. Ford was led to accept the position through the exceptional advantages offered as surgeon in charge of the main hospitals, and the munificent salary which the position affords. The Doctor will now have an opportunity to gratify a long felt desire to confine himself almost exclusively to surgery, the duties of the position affording ample and unusual opportunities along this line. The acceptance of this position makes it necessary for Dr. Ford to take up his residence in Indianapolis, and he is at the present time closing his business affairs in his old home at Wabash for this purpose. Dr. Ford will fill the position with credit to himself and the company he represents, and we congratulate him upon the change, which we have reason to believe will be satisfactory to all concerned.

The complete program of the annual meeting of the Western Ophthalmological and Oto-Laryngological Association, to be held at New Orleans on February 10th and 11th, is before us. For the ophthalmologic section twenty-eight papers are listed, and for the oto-laryngologic section twenty-four papers, the essayists for the most part being progressive and representative men throughout the cities of the Mississippi Valley. The principal address of the meeting will be given by Dr. Geo. T. Stevens, of New York, his subject

being "Historical Notes Relating to Strabismus and Other Anomalies of the Eye Muscles."

Among entertainments offered by the local profession of New Orleans is the reception by Dr. and Mrs. W. Scheppegrell, a luncheon by the committee of arrangements, and a theatre party to attend Grand Opera at the Theatre de la Opera. The visitors are also furnished invitations to the Grand Rex Carnival Ball upon application. Owing to reduced railroad rates and the fact that the Mardi Gras festivities will be in session at the time of the meeting, a large attendance is expected.

Under the title of "A New Treatment for Diabetes," Dr. Wm. Murrell, of London, in the *Medical Brief*, advocates thyroid feeding in the treatment of diabetes, recommending that fresh sheep's thyroids be used for the purpose. Beginning with two or three grains every three hours, and increasing the dose as the patient becomes accustomed to the drug and exhibits less tendency to rise of temperature, headache and other symptoms which the treatment usually produces at the beginning, the administration is carried on for a prolonged period or until the sugar has entirely disappeared from the urine or has notably decreased. While admitting that the effect of thyroid feeding in diabetes is transitory, and admitting that the administration of the drug must be maintained, Dr. Murrell says that whatever may be the explanation of the fact, the administration of thyroid in diabetes lessens the amount of urine and of sugar excreted with the urine. It also reduces the body weight. He believes the treatment will be found most efficacious in those cases of glycosuria occurring in elderly people in which obesity is a prominent feature.

The *Medical Age*, published in Detroit, Michigan, recently published an article in which one, Wm. Smith, an osteopath, was, in rather plain and forcible language, denounced as a fraud and imposter from the fact that, possessing no medical education or knowledge of disease, he was imposing upon a long-suffering public in claiming or pretending to cure the sick and distressed. As a result of the publication of this article, the enterprising and gifted publisher of the *Medical Age*, Mr. Wm. M. Warren, has been sued for damages to the amount of \$25,000. Mr. Warren announces

through the columns of his periodical that he proposes to defend the suit to the last extremity, and will not retract his statements except by compulsion from the highest court in the land. We not only admire this spirit, but believe that Mr. Warren will receive encouragement and support from every reputable medical periodical, and every regular practitioner of medicine in the United States. The affair will be watched with some interest, but cannot but end in victory for Mr. Warren who has made no statements but that can be substantiated before any jury of reasonably intelligent individuals.

Dr. Wm. B. Atkinson, of the State Board of Health of Pennsylvania, and Secretary of the American Medical Association, was recently sent to the town of Bradford, Penn., to investigate the suspicious cases of skin disease which were epidemic throughout the town and surrounding country. Dr. Atkinson found a number of cases in which the symptoms were so manifest that he at once reported them as small pox. The physicians of Bradford were somewhat startled upon hearing this diagnosis, and had no hesitancy in stating that the diagnosis was incorrect. In consequence of this stand by the local physicians, a public meeting was called in the town of Bradford and rousing resolutions were adopted setting forth the opinion that small pox was not epidemic in that locality. However, small pox has continued to spread throughout the city, and on December 11th twenty cases were reported.

Later Dr. Benj. Lee, Secretary of the State Board of Health, visited the place and concurred in the diagnosis as expressed by Dr. Atkinson. At a late date the epidemic was under control, and the spread of the disease has rightfully been charged to the practitioners of Bradford who saw fit to oppose the verdict of their superiors.

The medical friends and acquaintances of Dr. Atkinson will be pleased to know that late events have fully proven not only the correctness of his diagnosis, but the soundness of his judgment in demanding such precautionary measures as accompany thorough quarantine in epidemics of this character.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics,
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

THE TREATMENT OF PNEUMONIA.—Dr. Simon Baruch, in a recent article on the hydratic treatment of pneumonia (*N. Y. Med. Jour.*) gives the following very interesting rationale of this treatment::

I have for many years expressed the belief that this tonic effect upon the heart is due to the fact that the peripheral vessels possess the power of propelling the blood through these fine tubes, and thus bear a larger share in the circulation than is commonly suspected. This effect I have long claimed is enhanced by the application of cold water to the skin, which produces first a contraction and subsequently a tonic dilatation, with increased contractility of the walls of the fine peripheral vessels, relieving the heart enormously, and freeing it from the added labor which threatens to exhaust it in infectious diseases, in which there is loss of this propulsive power, due to passive relaxation of the peripheral vessel walls, by which normal resistance is removed. Professor Hobart A. Hare demonstrates his great aptness as a teacher by the ingenious comparison of the heart to a locomotive. He says, correctly, that the vasomotor system is made up, on the one hand, by the vasomotor nervous apparatus, and, on the other, by the blood-vessels themselves. The resistance offered to the heart by the properly acting vasomotor nervous system; through its influence on the vessels, is identical with the

friction offered to the driving wheels of a locomotive. The locomotive is intended to meet and stand any resistance, but when the latter is removed by slippery rails the wheels will fly around ineffectually, racking the machinery and destroying its usefulness. He maintains justly that "a rapid pulse may be due in no way to a disordered heart, but to vasomotor relaxation, and that the proper treatment is to put sand on the track to increase resistance, and not to make more steam—or give digitalis—which will only cause the engine or heart to work away on slippery rails, with more wear and tear and no progress." The cold bath increases the resistance.

WHITE BREAD VERSUS BROWN BREAD.—Dr. Lauder Brunton and Dr. Tunnicliffe (*British Medical Journal*; *N. Y. Med. Jour.*) published in the current volume of the St. Bartholomew's Hospital Reports an instructive communication on the relative digestibility of white and brown bread. On the strength of certain experiments which they describe in full, they feel justified in concluding that the higher nutritive value which might on purely chemical grounds be ascribed to brown bread can not be maintained from the physiological side. With regard to fat and mineral constituents on the other hand, distinctly less of the nutritive materials actually get into the blood in the case of brown than of white bread. White bread is, weight for weight, more nutritious than brown. It would thus appear that the preference given by operatives in large towns to white bread has, to a certain extent, a sound physiological basis. In the case of people with irritable intestines white bread is to be preferred to brown. In the case of people with sluggish bowels, brown bread may be preferable to white, as it tends to maintain peristalsis and insures regular evacuation of the bowels. If the proportion of mineral ingredients, and especially of lime salts, in other articles of food or drink is sufficient, brown bread is preferable to white. It is possible that in the case of operatives living chiefly upon bread and tea, the preference for white bread which prevails may be responsible, in part at least, for the early decay of teeth. An abundant supply of mineral constituents is especially required in suckling women and in growing children, in order to supply material for the nutrition of the young. In such cases, if mineral salts, especially those of calcium, are supplied by other food stuffs, drinks, or medicines, brown bread is preferable to white. Lastly, the authors are of opinion that if the dietary be insufficient in fat, or if the patient is unable

to digest fat readily in other forms, brown bread may possibly be preferred to white. The authors rightly dwell on the absurdity of taking the mere chemical composition of a food stuff as an index of its nutritive value. "A stick of charcoal, the atmospheric air, a little water, and some sea salt, contain all the elements of a typical diet and in ample quantity." Hence it is not always a question of what stuff contains, but how it contains it.

FATAL MIXED BACTERIAL AND PROTOZOAN INFECTION.—In the *Philadelphia Medical Journal* Dec. 31, 1898, Dr. P. K. Brown has an interesting report and discussion of a case with the above title. The patient was a male, 33 years old, previous history good, excepting that he had felt ill for several days. Had high temperature, accelerated pulse, and abdominal distress. Later diarrhoeal movements tinged with blood. Fever pursued an irregular course. A small furuncle developed in the left breast, which rapidly developed into an extensive phlegmon, finally leaving a cavity 3 by 2 inches in dimension. The patient finally died, a post mortem examination with bacteriological study was made, which, together with ante mortem microscopical examinations presented some exceedingly interesting facts.

The blood had been found to contain a plasmodium of malaria. The principal infection was found to be due to the staphylococcus albus, the staphylococcus aureus, and the bacillus coli communis also being found in hemorrhagic infarcts in intestines, bladder and liver.

The case was especially interesting on account of the view hitherto held in regard to the comparatively slight virulence of the staphylococcus albus and also the microscopic proof of a mixed bacteriologic and protozoan infection. With regard to the staphylococcus albus he says:

"Very little has been written in detail, and it has been considered an organism of less importance than the streptococcus. Further the staphylococcus albus has been held of less pathologic significance than the staphylococcus aureus. It seems to me that this is largely due to the failure to differentiate between the staphylococcus albus and the staphylococcus epidermidis, the latter being certainly less virulent than any of its nearest species. In speaking of multiple suppuration due to staphylococcus infection Muir and

Ritchie refer to the fact that frequently only comparatively unimportant surface-lesions are found, and in a few cases no lesion at all, to explain the origin of the infection. It would seem, therefore, that the lesion in the breast of the case here reported was sufficient to have caused the general infection. Darling, of Harvard Medical School, in a verbal report to me of a case of septicemia, with ultimate recovery, in a puerperal woman, states that in the original attack and in two exacerbations there was no evidence of abscess formation, and pure cultures of staphylococcus albus were made in each instance from the blood, which would go to show that a prolonged general septicemia may occur without many anatomic lesions. In reference to the relation of the staphylococcus to the pathogenesis of inflammatory throat-conditions, as studied by Morse from bacteriologic examination in 400 cases of scarlet fever and diphtheria in the Boston City Hospital, it was found that the staphylococcus with the Klebs-Loeffler bacillus caused a mortality of 46 per cent., against 28 per cent. when streptococci were present, while both organisms with the Klebs-Loeffler bacillus caused a mortality of 38 per cent. Streptococci alone were found in 5 per cent. of the fatal cases, staphylococci alone in 40 per cent., and both in 19 per cent. From this it would seem that the staphylococcus alone or with Klebs-Loeffler bacillus is a more virulent organism in presence of conditions of lowered vitality than is the streptococcus under similar conditions."

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

• FOR PRURITIS OF THE VULVA, in pregnancy, ichthyol in 10 per cent. watery solution or 15 per cent. ointment, has been found to affect a cure after all other means have been tried without effect. —Doizy, *Med. News*.

TO HASTEN REPAIR IN FRACTURES.—Danborn believes that the administration of phosphorus, preferably in the form of phos-

phide of zinc, should always be administered in fractures, because it shortens the period of ossification.

UROTROPIN IN CYSTITIS.—Kelly (*Therapist*, Oct. 1898) reports remarkably favorable results from the use of urotropin in cystitis. He advises 20 grains twice daily in severe cases. It appears in the urine in fifteen minutes after its administration, and can be recognized twelve hours later after a dose of seven and one-half grains.

SCHLEICH'S MIXTURE FOR GENERAL ANESTHESIA CONDEMNED.—Garrigues, in a letter of Jan. 7th, revokes his endorsement of Schleich's mixture for general anesthesia.

He does so because of five cases of "dangerous respiration" which he has had in a little more than 100 patients to whom this mixture was given. He praises tongue traction in reviving patients from dangerous narcosis.

TREATMENT OF DYSMENORRHOEA.—Dr. Charles O'Donovan, of Baltimore, speaks (*Jour. Am. Med. Asso.*, Dec. 31, 1898) very highly of black oxid of manganese in cases of dysmenorrhœa not clearly due to physical causes. He gives it in two-grain doses three times daily either alone or in combination with iron, hyoscyamus or such other remedies as may be indicated. It should be given after meals and may be continued indefinitely without harm.

The earlier in the history of the case it is commenced the better the results. After the dysmenorrhœic habit has been long established the time required for cure is longer. One need not despair if little or no benefit is derived from the treatment until four or five periods have passed. It should be given continuously until relief is obtained and thereafter its administration should be commenced one or two weeks before each period and continued until the flow has ceased. This method of administration should be kept up "indefinitely." Relapses often occur if the treatment is stopped after a few months. It will not cure all cases, and many will not be benefited by it, but it will cure a great many cases where other remedies have failed and there seems to be nothing left to hope for but sacrifice of the ovaries or some other surgical treatment.

SEPTICEMIA CURED BY VENESECTION AND INTRAVENOUS TRANSFUSION OF NORMAL SALT SOLUTION.—Young (*Maryland Med. Jour.*, Nov. 19, 1898) reports a case of general septicemia following operation for appendicitis which was cured by venesection, combined with transfusion of salt solution. 700 c. c. of the solution was first injected under the breast without relief, after 36 hours an aspirating needle was thrust into a vein through which all the blood that would flow (only two and one-half ounces) was allowed to escape, when nearly three pints of normal salt solution was slowly injected. Slight improvement followed, but lasted only a few hours. On the following day two and one-half quarts of salt solution were again injected. After this the temperature and pulse (104 degrees and 130 respectively) dropped almost to normal, the patient passed large quantities of urine and made an uneventful recovery. Young insists on the necessity of injecting large quantities of saline solution. His patient was a delicate boy of fifteen. He thinks six or seven quarts would not be too much for an adult. (We have for years held, partly on theoretical grounds and partly because of clinical experience, that intravenous transfusion of normal salt solution, preceded or not, according to the character of the case, by blood-letting, is the most effective means we have for combating any general septicemia or toxemia. Evidence is fast accumulating which will place this opinion beyond question.—ED.)

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

ORTHORFORM IN CORNEAL ULCERS.—Dr. Jno. F. Woodward, in the *Ophthalmic Record*, says that he has been highly pleased with the effect of orthorform in the treatment of corneal lesions, especially those in which there is denudation of the surface, as is the case with certain corneal ulcers, injuries, etc. The remedy has not only distinct antiseptic value, but possesses a certain anesthetic property

which assists in the relief of pain. Mixed with lanolin it is an excellent protective for abraded corneal surfaces.

ANTI-GOUT REMEDIES IN GLAUCOMA.—A German ophthalmological journal is authority for the statement that much benefit can be obtained in severe cases of glaucoma by administering piperazin and ordering an anti-gout diet, as a gouty tendency is frequently the basis for the eye affection. This treatment, however, is not to take the precedence over iridectomy, but rather to be adopted when an operation is refused.

CARICA PAPAYA IN EAR AFFECTIONS.—Dr. Chevelier Jackson, in the *Jour. of the Amer. Med. Asso.*, is authority for the statement that the digestive powder of carica papaya, the South American digesting melon, will digest the pus, mucus, detritus, choleosteatomatous formation and to some extent break it down so that we can remove it more readily on the following day. Dr. Jackson says that the remedy does not act on living tissue, neither the healthy nor granulating tissues, but it assists materially in removing cheesy and foul pus, which is a factor in producing caries in cases not already carious, and which is an irritating stimulus producing granulations.

While Dr. Jackson does not advocate the use of carica papaya for anything further than to facilitate cleansing, he claims that his cases get well in much less time now than they did before using it. Neither pepsin nor pancreatin nor any of the chemic solvents tried yielded results worth considering.

CARBOLIC ACID IN THE EYE.—A physician practicing in central Kentucky was recently sued for damages on the ground of accidentally dropping pure carbolic acid in the eyes of a newborn infant suffering with ophthalmia neonatorum. The mistake occurred in consequence of the nurse having placed a bottle of carbolic acid on the same shelf occupied by a bottle of nitrate of silver solution which the doctor had prescribed, and the physician, not knowing of the presence of the carbolic acid solution, took the acid from the shelf by mistake, thinking it to be the silver solution. The mistake was not discovered until the acid had been applied to the everted lids of the infant. The child recovered with a large central leucoma, but the doctor was sued for \$5,000 damages. The plaintiff was

awarded damages in the sum of \$350, notwithstanding the fact that it was conclusively proven that under the most approved methods of treatment the child would probably have not made better recovery.

COCAINE IN OPHTHALMIC PRACTICE.—Dr. Theobald, in the *Johns Hopkins Hospital Bulletin*, sounds a note of warning regarding the too free use of cocaine in the treatment of diseases of the eye. He believes it to be a quite common practice for general practitioners to use and prescribe cocaine in many simple eye affections, under the mistaken idea that it not only diminishes pain but limits congestion and aids in resolution. He calls attention to the pronounced disturbing effect upon the nutrition of the cornea which cocaine produces, thus making it capable of doing more harm than good when applied to corneal tissue. When applied to mucous membrane it temporarily contracts the arteriols and apparently lessens inflammation, but if the subsequent effect be noted it will be found that the condition is even worse than before in consequence of its stimulating effect. Dr. Theobald says that there is absolutely no occasion to prescribe cocaine as a remedy in eye diseases, and that its usefulness, aside from its anesthetic action, is extremely limited.

THE MODERN THERAPY OF SUPPURATIVE OTITIS MEDIA.—In an article upon the above subject produced in the December number of the *Laryngoscope*, Dr. M. A. Goldstein briefly reviews the two systems of treatment which have long contended for supremacy, one the so-called dry treatment, the other the irrigation and syringing of the affected parts with various antiseptic solutions. Dr. Goldstein for the most part prefers the dry dressing, claiming, with other advocates, more rapid healing and repair, a more natural covering and less irritation of the injured surface, and less danger from infection of the surrounding areas. The mucous membrane of the tympanic cavity during a suppurative otitis media is constantly bathed by the purulent secretion, resulting in a sodden condition of the membrane, and this is only accentuated by the further addition of aqueous medications.

Dr. Goldstein uses in preference to the syringe the small tuft of sterilized cotton on the tip of the probe or cotton carrier, applied

as a mop to absorb the mucus or purulent secretions from the ear, and believes he cleanses the canal to the tympanic cavity more effectually than he would were he to use a large current of antiseptic fluid. If no pain or discomfort exists the Eustachian catheter in connection with a nebulizer and steady inflation is used in forcing the residue of the purulent secretion through the tympanic perforation. In addition to this he occasionally uses the Siegle speculum and by suction draws the muco-purulent fluid through the perforation.

After cleansing, the parts are lightly dusted with an antiseptic powder, and he now recommends nosophen as being superior to boracic acid which has so long found favor.

The only fluid medication which is used to any extent is the saturated solution of boracic acid in absolute alcohol and hydrozone, which he finds satisfactory in reducing small granulations.

In conclusion he emphasizes the necessity of careful cleansing and thorough antisepsis of the naso-pharynx in the treatment of all cases of suppurative otitis media.

A NEW TEST FOR DETECTION OF SIMULATED MONOCULAR BLINDNESS.—In the January number of the *Ophthalmic Record*, Dr. Percy Fridenberg describes a test for the detection of simulated monocular blindness which has the great advantages of requiring no special apparatus, being easily demonstrable, and offering no clue to the malingerer, while it enables us to make a quantitative determination of visual acuity.

A small test card and a concave mirror, the ordinary laryngoscopic head-mirror, are all that is required. A concave reflecting surface of this kind produces a magnified, virtual image of an object held within its radius of curvature, which by proper management can be made to fall on one or the other retina, or on both. Experiment has shown that it is impossible to say with which eye the mirrored object is seen, until the fact is demonstrated by alternate exclusion of both eyes from the visual act. In fact the eye which is not called into play is the one believed to be active. In practice the test is made while standing in front of the subject and somewhat to the side of the admittedly sound eye, the mirror being worn as for laryngoscopic examination. The subject will now see the reflection of this eye only, and the image of the test-card, which is

placed a few inches from his temple, on the corresponding side. If the card, while in this position is read, it must be by calling into play the other eye, the reflection of which the malingerer does not even see, and whose action is demonstrated by having him close to it. He will then be convinced, by seeing nothing, that the sound eye which he believed he was using, was in no way concerned in the visual act.

As a control test, before demonstration, the mirror and the card are held on the side of the simulating eye, and, as before, the reflecting glass is slightly tilted on its vertical axis so that the card and this eye only are seen by the subject, who naturally thinks that the mirrored eye is the one which receives the visual impression, whereas in fact it is seen by the sound eye, which is nowhere visible. If, it is now stated, as will naturally be the case, that the image cannot be seen, deliberate falsehood, at least, is made evident. The test may be varied by very slightly altering the tilt of the mirror, so that reversed conditions are produced and the sound eye only sees the card and its own reflection when they are on its side, and vice versa. For successful practical application the card should not be too large, at best not larger than the mirror, and a little previous practice may be required to insure rapid and accurate adjustment of the latter. In this manipulation we are aided by the position of the reflected image of the test-card on the subject's cornea or sclera. To insure absolute correctness of the optical conditions, however, it may be well to have both card and mirror mounted in a light frame.

BOOK REVIEWS.

SELF EXAMINATIONS FOR MEDICAL STUDENTS.—Embracing 3,000 questions on medical subjects. Pages 1-190; cloth 10 cents. Philadelphia. P. Blakiston's Son & Co.

This little work is one of the very best obtainable for the purpose of enabling the student or practitioner to successfully quiz himself on any of the important branches in which he feels himself to be particularly deficient. The questions are for the most part those bearing upon practical medicine, though there are some unusual ones which give the student a wide range of thought. The answers to the questions are not given, but proper references to standard works in which the correct replies will be found are listed with each question. The work will be particularly suited to the wants of students.

THE WESTERN CLINICAL RECORDER.—We have just received the first number of Volume I of the *Western Clinical Recorder*, issued from the Lakeside Press, and edited by Drs. Fred. Jenner Hodges and Wm. T. Rinehart, of Ashland, Wisconsin. The announcement of this new periodical states that the *Western Clinical Recorder* is designed especially to familiarize the general practitioner with the practices and methods obtaining in the leading and private hospitals of the land, as well as with those of representative members of the profession everywhere. It is argued that the busy practitioner has few moments that can be spared for reading long dissertations, discussions of theoretical matters, histories of methods, operations, etc., which are proper subjects for the encyclopedic text-books and not appropriate for publication in a useful journal. The editors of the *Recorder* have, therefore, decided to give their readers just what the busy practitioner would want to see and hear were he to visit the leading post-graduate schools of the country.

The initial number contains original communications, hospital news, editorial comments, and progress of medical science, the latter being divided into several departments conducted by special-

ists in the various lines represented. In the acceptance of original articles it might have been well for the editors to have determined whether the contributors were offering articles for exclusive publication in the *Recorder* or not. The original article by Dr. Eastman, of Indianapolis, also appears in the January number of the *Medical and Surgical Monitor*.

If the initial number is a sample of that which is to follow the *Western Clinical Recorder* will probably find a place upon the table of many a busy practitioner who appreciates clinical reports.

A. E. B.

REPORT OF THE NORTHERN INDIANA HOSPITAL FOR INSANE.—The biennial report of the trustees and medical superintendent of the Northern Indiana Hospital for Insane is before us, and to one unacquainted with the work of the institution the report furnishes interesting reading, aside from indicating the condition of the hospital as shown by the voluminous statistics which are of necessity a part of an official report of this character. It should be a source of satisfaction to the people of the State to know that the institution has well fulfilled its intended object and that its conditions, material and other, have been maintained in a respectable manner creditable to those who have done the work.

It is, however, unfortunate that the penuriousness of the Indiana State Legislature has prevented appropriations for much needed new buildings to accommodate the large number of patients who are entitled to admission to the hospital, but who at present are compelled to remain in county hospitals, jails, and other illy-fitted institutions where proper care and treatment is impossible. Judging from the report of the medical superintendent of the hospital, in which he states that 110 patients recovered and were discharged during a period of two years, it is evident that much is accomplished by placing insane individuals in institutions of this character where every advantage of surroundings and treatment is afforded. And it stands to reason that the sooner insane individuals are placed in institutions of this character the better will be the chances for improvement in those cases that are destined to recover under proper surroundings and medical attention. It, therefore, becomes the duty of the Legislature to increase the accommodations of our insane hospitals, so that every individual who is entitled to care at the hands of the State may be duly entered as soon as he or she may be

judged insane. We, therefore, hope that the increased appropriation which is asked will be cheerfully granted by the Legislature now in session.

A. E. B.

PROGRESSIVE MEDICINE.—Messrs. Lea Brothers & Co. announce for publication in March, 1899, the first volume of "*Progressive Medicine*," a new annual which will be issued in four handsome octavo, cloth bound and richly illustrated volumes of about 400 pages each. The several volumes will appear at intervals of three months. In this age of unusual progress, so rapid is the advance in all departments of medical and surgical science that the need for condensed summaries which shall keep the practitioner up to date at the least possible expenditure of valuable time has become imperative. Many attempts in the way of Year-Books, Retrospects and Abstracts have been made to meet this growing need, but in nearly all of these the process of condensing has not been preceded by a sifting of the good from the useless, and consequently the reader is presented with a mass of information from which he must select with care and study the items which are useful and reliable.

What the busy physician needs today is a well-told tale of medical progress in all its lines of thought, told in each line by one well qualified to cull only that matter worthy of his attention and necessary to success. He needs material which shall teach him all that the master of his specialty knows of the year's work.

It is with the object of presenting only such readable and useful material that these volumes are published, and every contributor to the pages of *Progressive Medicine* will say what he has to say in an original narrative form, so that every statement will bear a personal imprint expressing not only the views of the author cited, but the opinion of the contributor as well.

To insure completeness of material and harmony of statement, each narrative will receive the careful supervision of the General Editor, Dr. Hobart Amory Hare, whose reputation will everywhere be acknowledged as insuring practical utility in a high degree. Those associated with Dr. Hare in the production of "*Progressive Medicine*," include a brilliant gathering of the younger element of the profession, well representing the class which is so energetically contributing to make modern medical history.

With the appreciation of the self-evident utility of such a work to all practitioners, the publishers are enabled to ask the very moderate subscription price of ten dollars for the four volumes.

The publishers offer to send full descriptive circulars and sample pages to those applying for them.

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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

SOME MOOT POINTS IN THE DIAGNOSIS AND TREATMENT OF APPENDICITIS.*

By MILES F. PORTER, M. D.

Professor of Surgery, Clinical Surgery and Clinical Gynecology in the Fort Wayne College of Medicine.

It is held by some that pain, tenderness and muscular rigidity, in the right iliac region are sufficient for a diagnosis of appendicitis. That this is often, perhaps usually, true no one will doubt, but that it is not always true there is abundant evidence to prove.

Quenu (*Medical News*, Jan. 14, 1899) reports a case in which because of pain in the right iliac fossa coming on suddenly, together with symptoms of bowel obstruction, a diagnosis of appendicitis was made and the belly opened to find that the patient was suffering from tubercular peritonitis.

Brum, in discussing Quenu's paper, said that he had operated twice upon children under the supposition that they were suffering from acute appendicitis to find tubercular peritonitis present instead.

In further support of this position the following histories of cases abstracted from my case-book are reported:

* Read before the Northern Tri-State Medical Society, at Hillsdale, Michigan, Jan. 24, 1899.

Chas. R., at 36 years, was sent to me by Dr. Waller, of Angola, Ind. His mother died of cancer of the bowel. Has had attacks of pain in right iliac region, with slight tenderness for past twenty months. Had been to Ann Arbor under care of Dr. Nancrede, who concurred in the diagnosis of chronic appendicitis, and advised operation. The patient declined at the time and later came to me just recovering from another attack. He had localized pain and tenderness with a tumor in appendix region. I operated, having concurred in the diagnosis, and found a cancer of the ilio caecal valve, which required resection of the bowel.

Mrs. Michael, a widow, 35 years old, was taken sick October 20, 1898, with pain in belly, vomiting and constipation. Her bowels had not moved for a week when she was taken, numerous doses of salts, etc., resulted in a small movement on the 22nd. I saw her on the 25th, when she was tympanitic, had stercoraceous vomiting, pulse 120, great pain and general abdominal tenderness. The tenderness was equally well marked in both iliac regions, and repeated attempts were made to define, if possible, one point more tender than any other, but in this I utterly failed.

After consultation we could arrive no more accurately at the diagnosis than that there was a general peritonitis.

On this diagnosis the belly was opened in the right semilunaris. This site was chosen simply because of the fact that appendicitis is the most fruitful cause of peritonitis.

The appendix, perforated at the distal end, was long, extending across the top of the pelvis with the distal end in the left iliac region, which position accounted for the pain and tenderness being quite as well marked here as in the right.

James Laurie, a patient of Dr. Wright, of Huntington, Ind., whose personal and family history were excellent, was taken sick five weeks before I saw him first, with pain and tenderness in the region of the appendix. In a short time a tumor developed in the same region. He was much emaciated and altogether extremely ill when I saw him. I concurred in the diagnosis of appendicitis with abscess and cut down on most prominent part of tumor. I was somewhat astonished to find on incising the peritoneum, that I was in the peritoneal cavity, and that the pus was outside in the iliac fossa. I closed the peritoneum and opened and drained the cavity, still under the impression that the appendix was the origin of the trouble. Eight months subsequent to this he came to my

office with the wound I had made still open, also a discharging sinus below Pouparts lig., one below the ant. sup. iliac spine, one at lower part of outer edge of right quad. lumb. muscle. There was a fluctuating tumor at the right of the lumbar spine. Operation with coincident examination left no doubt in my mind but that we had here originally tubercular disease of lumbar spine. The subsequent history bears this out. The man left the hospital improved very much, but with the wounds behaving in a typical tubercular way.

I was called to Defiance, Ohio, to operate a case of Dr. Thatcher's. The history of the case up to the time I saw him was typical of appendicitis, including tumor. I concurred in the diagnosis of appendicular abscess and was preparing to operate when the patient backed out. He died, and the post mortem showed ulceration and perforation of the caecum with the appendix normal.

I was called to Wren, Ohio, last May to see Mrs. H., the wife of a physician, who had been ill one week with what the husband and a consultant considered appendicitis. On inquiry I learned that she had been taken suddenly with pain and tenderness in the right iliac region, followed by fever. When I saw her she was so tender all over the belly that a thorough examination was impossible. Tenderness most marked over appendix. She was menstruating at the time, and told me she had always been regular, and that the present flow had commenced at the proper time and was in no way unusual. I concurred in the diagnosis of appendicitis. Opened the belly in the right senulnar line and removed a belly full of blood and a tube bleeding from a tubal abortion.

I want also to take issue with those who would remove the appendix in all cases of appendicitis operated upon.

One of the reasons given by those who hold this view for their line of action is that it prevents recurrent attacks. Another is that simple drainage does not do this. The accumulated evidence shows that recurrences after drainage is exceedingly rare. Many who operate frequently have never seen it. I have never seen it in quite a number of cases.

Those cases which have got along well and remained cured are those that have developed secondary abscesses in the right iliac region or in the hypogastrium and those which have, after getting up, developed obstruction of the bowel. Certainly no one would expect removal of the appendix in similar cases to prevent these accidents. In such cases as those in which the question of appen-

disectomy and drainage would be seriously debated, the removal of the appendix removes only one source of trouble and leaves other conditions, equally pregnant with harm, behind, viz.—gangrenous spots on mesentery and bowel, and infected abscess wall in general.

In one case I had to reopen or enlarge the first opening made three days previously to establish perfect drainage. Obstruction of the bowel, secondary abscess formation, and fecal fistula, have all followed appendisectomy. The latter results more often after drainage, but the fistulae soon heal, and in my own experience are of trivial importance.

True conservatism in surgery seeks, first, to save life, second, to conserve usefulness, third, to allay pain and conserve symmetry. To remove the appendix in all cases of appendicitis will result in the loss of lives that might be saved by incision and drainage. The acceptance of the doctrine that it should be removed in all cases operated upon will lead to removal of the appendix when the seat of the trouble is located elsewhere, or to an unnecessary search for the appendix. This would occur rarely I admit, but that it is a possibility is borne out by the last case reported above, and by several cases reported by other authors. I fancy, too, that the man who swears by this doctrine will see more cases which he considers past help from surgical interference than he who, when occasion requires, is satisfied with simple incision and drainage.

Should occasion for appendisectomy arise after incision and drainage the conditions are such that the combined dangers of the two operations are less than the danger of appendisectomy if performed at the time of the incision.

In certain cases incision and drainage is less likely to be followed by hernia than is appendisectomy. The reason is plain. Many of these abscesses can be efficiently drained through a much smaller opening than suffices for the removal of the appendix. In concluding this part of my paper I wish to reaffirm my faith in the following conclusions which occur in a paper written by me three years ago.—*Med. News*, Sept. 11th, 1895.

1. In cases requiring operation the appendix should be removed: (a) when there is no pus; (b) when an endo-appendiceal abscess is present; (c) as a rule, when there is a peri-appendiceal abscess that requires drainage through the general peritoneal cavity; and (d) when there is general peritonitis without adhesions, with the exception noted.

2. A simple incision should be made and drainage provided in cases with circumscribed abscess, when this can be done without opening the healthy peritoneal cavity. An exception should be made to this rule in cases in which the removal of the appendix will not add to the gravity of the operation.

The first exception refers to those cases of general peritonitis operated upon in extremes in which the exigencies of the case demand that the operation be as short as it is possible within the bounds of reason to make it.

General suppurative peritonitis is still held by some to be inevitably fatal. At the Detroit meeting of the Miss. Valley Med. Asso. I read a paper combatting this view, and cited the few cases which it was possible for me to collect at that time, together with my own, to prove my position. Since this, numerous cases have been recorded of recovery from general purulent peritonitis after celiotomy.

Those who have the temerity to operate in these desperate cases are frequently referred to as "death-bed" surgeons. We are told that it hurts the cause of "legitimate" surgery. We are advised to be "conservative."

Is not that surgery legitimate which occasionally saves a life otherwise doomed to certain death, even though it does fail in the majority of cases?

Celiotomy has already saved the lives of many who were through general purulent peritonitis doomed to certain death. Is he a conservative surgeon who refuses these patients that which is their only hope? Conservative of his own reputation—yes; but not in any other sense.

It is said that death resulting speedily after operation leads those who might be saved by operation to defer it until too late.

This argument is specious and, like all argument of this character, "many are led by it and none are offended."

Let patients in this desperate condition be told that without operation death is certain; that operation will, though comparatively rarely, save life; that it does not kill, and after this explanation do as the patient requests. I can not conceive it possible that such a course can be productive of harm. Neither can I see how it can fail to be, in the end, productive of much good.

Is it better to have one's soul clean and his hands stained with

blood in the endeavor to rescue a life? Or is it better to keep one's hands white and besmirch his soul with the ineffaceable stain of cowardice by refusing to attempt the rescue?

47 W. Wayne St.

A CASE OF COCAINE IDIOSYNCRASY. *

By ALBERT E. BULSON, JR., B. S., M. D.,
Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum; Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Mr. A., aged 23, apparently in perfect health, presented himself at my office Nov. 24, 1898, for the removal of a piece of steel from the left eye. The foreign body had been lodged in the cornea for some days and inspection disclosed well marked corneal ulceration in the region of the injury.

Preparatory to removal of the steel and curettment of the ulcerated surface, the eye was flushed with a saturated solution of boracic acid, followed by instillation of a few drops of a four per cent. solution of cocaine for the production of local anesthesia. In the course of a few minutes the patient complained of feeling "peculiar" and presented extreme pallor, with marked perspiration of the forehead and hands. Before reaching a convenient lounge to which the patient was directed he staggered and fell in a faint. The horizontal posture, together with a hypodermic injection of strychnine and whiskey, soon restored consciousness and improved the retarded and enfeebled circulatory action.

Suspecting an idiosyncrasy for cocaine the patient was allowed to retain the recumbent position while a single drop of the four per cent. cocaine solution was applied directly to the region of the cornea containing the foreign body, and two minutes later the foreign body was removed and the ulcerated surface satisfactorily curetted.

At the completion of the operation the patient complained of some return of the "peculiar feeling" and exhibited some signs of depression, such as pallor and slowness of pulse. This lasted but a few minutes, though he continued to complain of difficulty in breathing, or rather in getting what he termed "sufficient air," for fully one-half hour.

* Reported at the regular meeting of the Allen County Medical Society, Jan. 31, 1899.

On the following day the patient appeared in his usual health and spirits and received treatment, consisting of flushing the eye with saturated boracic acid solution and application of mild yellow oxide ointment.

Wishing to be thoroughly satisfied as to the patient's idiosyncrasy for cocaine, I decided to again instil a few drops of cocaine solution into the eye during the regular treatment of the following day, being careful not to have the patient detect my intentions or the character of remedies used. Accordingly, a few drops of a carefully prepared *two per cent. solution* of cocaine were applied to the cornea in the usual manner. In a very few minutes the patient complained of dizziness, and exhibited signs of depression, though the latter were not so marked as on the first occasion two days previously. The recumbent position alone sufficed to restore the heart's action which for ten or fifteen minutes remained retarded and enfeebled.

Two or three days later a one per cent. solution was tried, with the result of producing slight evidences of depression, as detected by noticeable slowing of the heart's action, though not attended by dizziness, pallor or perspiration.

Inasmuch as the patient is a temperate man, with no evidence of heart lesion or other functional disease, I consider the experience related as due to unusual susceptibility to the depressing effects of cocaine.

55 West Wayne Street.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of January:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	8	2
Scarlet Fever	2	0
Measles	not rep	0
Typhoid Fever	0	0
Tuberculosis	not rep	8
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
LaGrippe.....	not rep	3
Total deaths from all causes.....		64

THE ISOLATION HOSPITAL.

For some time the members of the Board of Health of this city, together with the Allen County Medical Society, have been urging the necessity for an isolation hospital. Success seemed for a time in sight, but for some unknown reason the project dropped out of sight.

It is true of communities, perhaps, as it is of individuals, that the most convincing argument is that which appeals to the pocket-book. Fort Wayne seemed about to hear some argument of this sort in the shape of a suit for damages, brought by the proprietor of a hotel in whose house a case of diphtheria occurred in the person of a guest. The proprietor asked that the city remove the patient from the house. This was impossible, because there was no place to take such a patient. Accordingly the house was carded and quarantined. The proprietor threatens to bring suit to recover losses sustained. It is not many weeks since the city paid \$80.00 for the use of a house for a single case of scarlet fever.

It will pay this city, or any other equally large, to have a first-class isolation hospital.

Whether Fort Wayne will learn this fact without being taught by expensive experience remains to be seen. M. F. P.

MEDICAL TOUTS.

The question "Shall the consultant pay the practitioner for cases referred to him" has aroused far more discussion by the prominent medical journals of the country than it warrants, and we confess that we are surprised to know that even one of the more prominent periodicals would give such a question the slightest consideration. To our notion the practice of paying commissions for patients is so palpably unjust and dishonest, with absolutely nothing good to commend it that the question deserves no consideration except that which condemns and dismisses it once for all.

The specialist who offers a commission to any person who will refer patients to him places himself on an equal footing with the bargain store which secures the largest business through the inducements offered, and fails to increase business unless every kind of competition is met.

If it is discovered that a specialist offers a commission for busi-

ness, he is put in an embarrassing position when the patient comes to him without the recommendation of a general practitioner and demands a reduction from the bill equal to the commission that ordinarily would be paid; or, on the other hand, if otherwise willing to patronize the specialist, refuses to do so from a feeling of disrespect and lack of confidence in a man so eager to obtain business that he offers a premium for it.

Again, the general practitioner who accepts a commission accepts a bribe and becomes as dishonest as the average ward politician who accepts a tip for influence in securing valuable franchises or contracts. The system engenders deception and dishonesty in its worst form, and the general practitioner becomes an easy prey to the allurements of the increased percentage which the embryo specialist is able to offer in order to increase business.

The patient is the victim to the extent that he is referred to the specialist not only for every trivial ailment, but has no assurance that he is being referred to a man of ability, or that he is not being the victim of his medical adviser's avarice in being advised to go to the man who pays the highest premium irrespective of professional ability. The reputation that has been built upon recommendations for revenue only will not count for much when the general public discovers the fact, and the advice of the general practitioner will count for but little when it becomes generally known that such advice is not given from honesty, but from a standpoint of pecuniary advantage only.

The question appeals to us as unworthy of consideration by worthy representatives of the medical profession, and we believe that every man who offers a commission for business, and every man who accepts such commission, to be dishonest in principle and dishonest at heart. The advertising specialist who makes known the character and quantity of his work through the friendly acquaintance with the reporters of daily papers is worthy of far more leniency and forgiveness than the man who offers to pay for cases referred to him, or the man who accepts a fee for being the tout to a specialist who is unworthy to be classed among reputable men of the medical profession.

A. E. B.

AN OPPONENT OF SERUM TREATMENT.

A doctor in one of our southwestern States claims to have dis-

covered an antitoxin for the cure of alcoholism, which, like diphtheria antitoxin, is obtained from the horse. It is said that the doctor forces the horse to take large quantities of alcohol daily for a month or two, or until its system is entirely saturated, then extracts a serum from the animal, which, when hypodermically injected into the veins of a drunken patient, will counteract the effects of the alcohol poisoning and create in him a repugnance to alcohol in every form.

The *Medical Brief*, the avowed champion of various patent and proprietary medicines, and in many respects at issue with progressive medicine, takes occasion to say that the announcement of this discovery has been received with jeers by both the profession and the laity, as it undoubtedly deserves, but that "*it is not one whit more ridiculous than the theory of diphtheria antitoxin.*" The editor briefly says that the invention of serums for the cure of disease is a fresh evidence that men can still live by imposing upon the ignorance and credulity of their kind. He further says that the serum used in the treatment of diphtheria, notwithstanding its supposed antitoxic property, promptly begins to rot and exhale unpleasant odors, (?) rendering it necessary to combine with it an antiseptic, which antiseptic has been proven over and over to produce the exact therapeutic effects claimed for the serum and its mythical constituent, antitoxin. (?) The editor of the *Medical Brief* then sums up by saying "since serums are never given without an antiseptic, and since the antiseptic, without the serum, will produce the identical therapeutic results which follow its administration in combination with the serum, the case of pseudo-science is not proven and the verdict is against its disciples and exponents."

If the editor of the *Medical Brief* has been able to secure by antiseptic treatment alone such astonishing results in the treatment of diphtheria as has been obtained since the advent of antitoxin, we wonder why he has so modestly hidden his light from a hungry medical profession and suffering community. If he can prove that his antiseptic treatment will diminish mortality in a given number of well-defined and accurately diagnosed cases of diphtheria to the same extent as antitoxin, then his criticisms of the serum treatment will be accepted with some degree of approval. Inasmuch as antiseptic treatment of every kind and form was the most approved treatment for diphtheria prior to the advent of antitoxin, and the statistics showed a mortality of fully double what it has been since

the advent of serum treatment, we hardly think that the opinion of the editor of the *Medical Brief* will have much weight with the medical and general public, even though they agree with him as to the absurdity of the notion that alcoholism can be treated by an "anti-toxin" prepared in the manner described. A. E. B.

THE LEGISLATIVE REGULATION OF THE SALE OF COCAINE.

The abuse of cocaine has reached such proportions that special laws regulating its sale have been considered in several States and already enacted in Louisiana and Texas. The penalty for the infringement of these laws is a fine of from \$10 to \$100, and in the case of New Orleans also imprisonment.

The need of such laws and their enforcement is becoming more and more pronounced. There is no drug which has been on the market for such a comparatively short time in which the abuses have become so formidable. While cocaine is one of our most useful agents for local anesthesia, its abuse for other purposes is becoming so extensive that many physicians have questioned whether it has really not effected more evil than good, and even the most conservative are realizing its danger. That physicians in general do not understand the possibilities of this drug for evil is evidenced by the fact that it forms a part of innumerable prescriptions for coryza, hay fever and other conditions, in which the benefit is transient, or only apparent, in fact in which the effects may really be injurious, and the habit easily established. In a recent foreign periodical (*Clinica Moderna*), a snuff containing 25 per cent. (!) of cocaine hydrochlorate is deliberately recommended for the use of patients suffering from chronic hypertrophic rhinitis. Were this an exception, it would not require special comment, but it is becoming entirely too frequent, and is laying the foundation of an evil which is becoming more and more difficult to combat.

It is not generally known that several of the patent medicines, which are sold in the form of snuff for "colds," hay fever, etc., owe their transient pleasing effects to the cocaine which they contain. While the quantity is usually not sufficiently large to give rise to direct toxic effects, its continued use is undoubtedly injurious to the nasal cavities, and it is not improbable that the cocaine habit may also be established in this manner. The sale of such drugs

should also be regulated by the laws referring to cocaine in general.

Attention has recently been called to a special development of the cocaine habit (Scheppegrell, *Medical News*, October 1st, 1898), which is on the increase in the Southern States, especially among the negro population. The cocaine is used as a kind of snuff for its exhilarating effect, and is dispensed in small packages which are sold by druggists at from 5 to 10 cents each. That the evil has reached considerable proportions is evidenced by the fact that some druggists were in the habit of selling more than 100 packages of cocaine per day. The records of the criminal courts bear evidence of the fact that the evil results are far more striking and rapid than from the morphine habit.

It is through the agency of this practice and its pernicious effects that public attention has been called to this evil, which has resulted in the enactment of laws in Louisiana and Texas. This example should be followed in each State, as it is far better to anticipate an evil than to correct it after its development.

Physicians are frequently to blame for the development of the cocaine habit. In view of the many dangers which attend its use, this drug should never be placed in the hands of the patient. Few druggists hesitate to refill the physician's prescription, and often when it is too late, the physician may see the evil result of placing such a drug in the hands of the patient. *Laryngoscope*, Dec., 1898.

TO VACCINATE OR NOT TO VACCINATE.

There is no denying the fact that smallpox is epidemic in many parts of the United States, and that the disease is spreading to an alarming rate in many localities. Indiana has already come forward with reports of the existence of the pestilence in several counties, and the city of Indianapolis alone reports the development of eight cases within the past few weeks.

With the contagion prevalent in so many sections of the country, and particularly within our own State, it becomes obviously impossible to prevent its introduction into new localities through unsuspected or unrecognized cases. We are, therefore, confronted with the necessity of adopting such measures as will tend to limit the spread of contagion and lessen the severity of its ravages. "No degree of cleanliness of the individual, or of hygiene of the household,

or of municipal sanitation will protect the susceptible against contracting smallpox if exposed to its contagion. The one certain and only safeguard—tested by the experience of the century—is effective vaccination.”—(*Dr. Reynolds, Chicago Commissioner of Health.*)

By reference to the histories of the great smallpox epidemics that have occurred in various parts of the world during the past few years one is led to the realization of the high mortality rate which accompanies epidemics of such character, to say nothing of the enormous money expenditure necessary in establishing and maintaining quarantine regulations, and the inestimable financial losses from damage to business, suspension of industries, interruption of travel and traffic, and injury to commercial reputation.

The epidemic of smallpox which devastated the city of Montreal in 1885 should teach a lesson and serve as a warning to all cities and towns, particularly those whose inhabitants look lightly upon the subject of vaccination or have neglected this important safeguard. Owing to a certain amount of opposition to vaccination, and to the fact that no smallpox had developed within the city for some years, the city of Montreal had not put in force the compulsory vaccination laws which exist in Canada, and in consequence a large proportion of the population, including most of the children, was unvaccinated. In February, 1885, the conductor of a Pullman train from Chicago, where smallpox then existed, was admitted to a large general hospital in Montreal, suffering from some eruptive fever, very mild in character, and thought to be chicken pox. He was discharged cured in three weeks, but two days after his discharge a well-marked case of smallpox occurred amongst the servants of the hospital, and shortly afterwards other cases occurred amongst the inmates. Inasmuch as patients, visitors and others were constantly coming and going prior to the recognition of the disease, the spread of the contagion became possible, and before the close of the year several thousand cases (estimated between 30,000 and 35,000) of smallpox had developed within the city limits, with 3,164 recorded deaths. Also, in direct consequence, the epidemic was communicated to nearly all the surrounding cities and towns as well as to many remote localities. Out of the recorded deaths nearly ninety per cent. were children under ten years of age, the very age at which, in efficiently vaccinated communities, the deaths are always at a minimum. During the epidemic, which lasted about six months, compulsory vaccination was enforced, and within three or

four months 80,000 vaccinations were performed, and to the effects of these vaccinations is largely due the suppression of the contagion without even greater mortality.

Prior to 1874 Germany lost annually from 15,000 to 25,000 lives by smallpox, and in the epidemic of 1871 she lost 143,000 lives. In 1874 vaccination was made obligatory, and the result has been such a rapid and signal reduction of mortality that for the last few years the number of victims that are annually sacrificed to the disease have not exceeded 125. The good effects of vaccination were also thoroughly demonstrated during the Franco-German war, the German army, subject to compulsory vaccination, losing but 459, while the French army, not subject to compulsory vaccination, lost over 23,000 by smallpox.

The striking effects of vaccination are further seen in the official statistics of the European countries. In those countries in which vaccination is optional the number of deaths from smallpox ranges from 150 to 600 per million of the population annually, while in Denmark, Sweden, Norway, and Germany, where it is compulsory, the deaths are from one to three for each million of the population. Before the introduction of vaccination the smallpox mortality in England and Wales was 3,000 for every million of the population, and since the introduction of vaccination the mortality has been reduced seventy-five per cent., and during the year 1890 there were but 15 deaths in England from smallpox.

The opposition to vaccination has come largely through painful and sore arms, and the introduction of infection of other diseases at the time of vaccination. Added to this is the natural tendency of some people to oppose anything and everything pertaining to scientific medicine.

It need only be added that at present the glycerinated vaccine lymph, which is produced under the most stringent aseptic precautions, thoroughly tested as to strength and purity and placed upon the market in hermetically sealed tubes, is not only the most efficient in producing the desired effect, but by proper use causes a minimum of discomfort and insures absolute freedom from any danger of infection of other diseases as well as from the painful "sore arms," unsightly scars, and other drawbacks which attended the former use of vaccine "points."

With the unfavorable results attending vaccination entirely eliminated, there can be offered no valid objection to the employ-

ment of this means to protect the people from smallpox infection. Montreal learned by a bitter experience the power of smallpox to disfigure and destroy when once an unvaccinated population is exposed to the disease. Let us not by a similar experience be forced to recognize the importance of vaccination, or the folly of giving attention to the absurd and fanatical anti-vaccination ideas which are more or less advocated by a class of agitators who must bear a criminal responsibility if a wide-spread and serious epidemic is made possible through the influence of their teaching.

The history of smallpox, influenced and uninfluenced by vaccination, leads us to the following conclusions:

1st. Small-pox is a preventable disease—made so by vaccination—and parents and guardians cannot escape the charge of blood guiltiness if, failing to secure protection of their charges, death follows an attack of smallpox.

2nd. The ravages of an epidemic should not be necessary to teach us that compulsory vaccination is a matter of public polity and necessary for the protection of all the people.

3rd. A contagious disease hospital or other accommodation for the early reception of smallpox patients, who should be separated from the community without delay, is an absolute necessity.

4th. Compulsory disinfection or destruction of infected material and the supervision of persons known to have been exposed to the contagion is of utmost importance at any time, but particularly so during an epidemic.

5th. The enactment of a law providing penalties for the violation of any regulation pertaining to the vaccination requirements, or supervision of either small-pox patients, or the disinfection or destruction of infected material would greatly lessen the opportunity for spread of the disease and hold in check the individuals who have no regard for anyone but themselves.

6th. Neglect or refusal to secure the protection from smallpox which vaccination insures, will, if the policy of a considerable part of the population, sooner or later result in a ravaging epidemic, the disastrous effects of which from death and disfigurement will mark it as the greatest crime of the century. The responsibility for such a crime will fall upon the anti-vaccination fanatics to whose vicious influence is already largely due the wholesale slaughter of human life at Montreal and other places where wide-spread infection has developed.

A. E. B.

NEWS NOTES AND COMMENTS

Dr. E. J. McOscar, of Fort Wayne, leaves soon for a trip through Mexico.

Dr. Warvel, of Sidney, Ind., was in the city on professional business February 7th.

The *Medical News* is making an investigation into the claims of Christian Science. The papers are very interesting, but it strikes us that the game is not worth the candle.

Magnetic healers in France will soon know "where they are at." A decision against them was rendered in 1893 by the tribunal of the Seine. The case was appealed to the Court of Cassation, and will soon be definitely decided.

The *Ohio Medical Journal* suspends publication with the December number. Too many monthly medical journals, too little time on the part of the editor, accomplishment of the mission it was established to fulfill are the reasons given.

The Noble County Medical Society held a regular meeting in the parlors of the Hotel Mier, at Ligonier, on January 10th. Those in attendance report a very interesting meeting. Among the papers presented were the following: Treatment of Pneumonia in Country Practice, by Dr. J. W. Hays, of Albion; Management of Gastro-Intestinal Disorders in Infants, by Dr. C. A. Seymoure, of Wawaka; Exhibit of Pathological Specimens, by Dr. W. F. Carver, of Albion. The officers of the Society are: President, Dr. J. L. Gilbert, of Kendallville; Secretary, W. F. Carver, of Albion.

The Allen County Medical Society now holds its annual elec-

tion of officers at the close of each year instead of at the last meeting in April. Beginning with 1899 the dues will be \$3.00 a year instead of \$2.00 as heretofore, the increase becoming necessary to assist in paying the expenses of maintaining society rooms, payment of secretary's fees, etc.

The officers for the year 1899, elected at the annual meeting, December 27th, are as follows: President, Dr. Albert E. Bulson, Jr.; Secretary, Dr. Elmer E. Morgan; Treasurer, Dr. Samuel H. Havice; Board of Censors, Drs. L. Park Drayer, A. E. Van Buskirk, W. D. Calvin.

The semi-annual meeting of the Northern Tri-State Medical Association was held in Hillsdale, Michigan, on Tuesday, January 24th. Owing to the absence of the President, C. N. Smith, of Toledo, the Vice-President, Dr. M. F. Porter, of Fort Wayne, presided. The printed program contained a list of thirty-two papers, the reading and discussion of all of which would have taken a good portion of two days. Owing to sickness and other causes, fully half of the essayists failed to put in an appearance, though the time was completely taken up in the reading and discussion of papers that were present at the meeting.

Among the most interesting papers and those eliciting extended discussion were the following: Effects of Modern Military Projectiles, by Dr. C. B. Nancreed, of the University of Michigan; Hysterical Lethargy, with Report of Case, by Dr. Geo. W. McCaskey, Fort Wayne; Some Moot Points in the Diagnosis and Treatment of Appendicitis, by Dr. Miles F. Porter, of Fort Wayne; Rational Medicine, by Dr. J. H. Kellogg, of Battle Creek, Michigan.

About one hundred members were in attendance, and all were well entertained by the medical fraternity of Hillsdale. The next meeting is to be held at Adrian, Michigan, in July.

Sanitary supervision of barber shops is now a question that is being advocated in England. The medical journals make a plea for the question on the ground of the absolute necessity for the most perfect and scrupulous cleanliness in establishments of this character.

In Paris an order has been promulgated to insure asepsis and disinfection in all hair dressers' shops for the protection of the pub-

lic. These precautions include the use of only metal combs in order that they may be easily sterilized, and that so far as possible all instruments shall be of metal; that the razors, clippers, scissors, combs and the like shall be subjected to a heat of 100 degrees C. before use; that the shaving brushes must be washed before and after use in boiling water, and that the hands of the barbers shall be thoroughly cleansed before passing from one customer to another. They are required to use sterilized towels and pulverizers instead of the common powder puffs, and the hair that is removed is to be disinfected and promptly taken from the room. Chemical solutions are also prescribed for obvious purposes.

Measures of this kind could be adopted in this country with profit, and it is to be hoped that some day there will be some sort of compulsory regulation of barber shops.

Dr. Norman Teal, a highly respected physician and citizen of Kendallville, died at his home on Feb. 11. Dr. Teal was born in Preble County, Ohio, in 1829. When quite young he, with his parents, removed to Noble County, locating on a farm a short distance from Kendallville. In 1851 Dr. Teal commenced the study of medicine with Dr. C. L. Wellman, of Ligonier, and later graduated from Rush Medical College. In 1862 he entered the service of the Government as assistant surgeon. During the winter of 1862-3 he was in charge of a hospital at Murfreesboro, Tenn., and during Sherman's campaign of the summer of 1864 he was upon the operating staff of the First Division Hospital of the Fourteenth Army Corps. With the exception of a few years passed in Michigan he has since the war resided in Kendallville, where he enjoyed a large and lucrative practice. His popularity is attested by the fact that he filled numerous public offices to which the people elected him. He served two terms in the Legislature, where he was recognized as a man of signal ability. In medical circles Dr. Teal was very highly esteemed. He was a member of the American Medical, the Indiana State, Upper Maumee Valley and Noble County Medical Societies.

We have recently received some circulars from the Anti-Suffrage Association, with headquarters at 13 Elk Street, Albany, N. Y. We learn that this association is composed entirely of women who are opposed to woman suffrage. Among the arguments

against woman suffrage, as offered by the Anti-Suffrage Association, are the following:

Women are treated with partiality by the laws, compared with men.

Every avenue of activity is open to them; they are as free as men to earn their living in any lawful way they please.

The conjugal, parental and property rights of women have been recognized and established by the political action of men without the aid of woman suffrage.

Considering that today in nearly every state of the Union women stand on a par legally with men, or are raised upon a legal plane above them, woman suffrage can be considered from the standpoint, first, will the right to vote confer upon women any benefit from which they are now deprived? And second, will the State be benefitted by allowing all of its women to vote.

That these questions have been decided in the negative by many states is proof that the woman suffrage question is losing ground.

The following is the program for the Allen County Medical Society for the year 1899. The meetings are held in the Society's rooms, in the App Block, 126 Calhoun street, at eight o'clock:

JANUARY 10.

- The Dietary of the Child's First YearHarriet F. Stemen
- The Diagnosis and Management of Early Rickets.....J. C. Wallace
- Icterus NeonatorumC. J. Gilbert

JANUARY 24.

- Medico-legal Aspect of Christian ScienceW. H. Myers
- Insanity in its Medico-legal RelationsG. W. McCaskey
- Medico-legal Aspect of Life InsuranceA. E. Bulson, Jr

FEBRUARY 7.

- Pernicious AnaemiaA. J. Boswell
- The Malaria GermL. P. Drayer
- ChlorosisJ. E. McHugh

FEBRUARY 21.

- The Management of Occipito-posterior PositionsG. B. Stemen
- The Principal Types of Pelvic Deformatory which Cause Dystocia..
-J. D. Chambers
- The Diagnosis of Position by Abdominal PalpitationW. D. Ruhl

MARCH 7.

- Indications for Nephrectomy and Description of Operations.G. C. Stemen
- White's Operation vs. Vasectomy.....C. E. Barnett
- Demonstration of the Cystoscope..... N. L. Deming

MARCH 21.

- The Significance of Limitation of the Field of Vision and Demonstration with the Perimeter.....A. E. Bulson, Jr.
 Infections Arising from Suppurative Processes in the Middle Ear...
K. K. Wheelock

APRIL 4.

- The Diagnosis of Extra-uterine PregnancyLuella Derbyshire
 The Etiology, Symptoms and Treatment of Extra-uterine PregnancyM. F. Porter
 The Value of Topical Applications in the Treatment of Endometritis
 Mary A. Whery

APRIL 18.

- The Diagnosis of Eczema.....C. V. Leedy
 The Treatment of Eczema.....W. W. Swarts
 Tinea Sycosis C. E. Williams

MAY 2.

- The Evolution of the Trephine and Other Surgical Instruments.....
J. H. Ranke
 The History of the Treatment of FracturesC. B. Stemen
 Inflammation of Bone—Its TreatmentW. W. Barnett

MAY 15.

- The Pathology of the Different Diseases of the Kidney.....J. B. McEvoy
 The Pathological Histology of the Lung with Slides.....M. I. Rosenthal
 Carcinoma of the Nose and Throat.....E. L. Siver

MAY 30.

- The Prevention of the Spread of Contagious DiseasesC. Proegler
 A National Board of Health: Is It a Necessity?.....W. P. Whery
 Hygiene and Sanitation of BuildingsChas. Bock

JUNE 13.

- The Therapeutics of Iron.....H. V. Sweringen
 MercuryW. O. Gross
 Cod-liver OilCarl Schilling
 The Relative Value of the Various Cardiac Stimulants.....E. E. Morgan

JUNE 27.

- Meeting at Robison Park. Invitations to Whitley County Medical Society. Essayists—I. M. Rosenthal, S. H. Havice and others.
 No meeting during July and August.

SEPTEMBER 5.

- Tabes DorsalisB. Van Sweringen
 SyringomyeliaG. W. McCaskey
 Peripheral NeuritisG. B. M. Bower

SEPTEMBER 19.

- The Diagnosis of Stomach Diseases.....A. P. Buchman
 The treatment of Chronic Gastritis.....J. E. Miller
 The Various Ulcerations of the StomachHorace E. Adams

OCTOBER 3.

- AlimentationA. E. Van Buskirk
 The Various Methods of Treating Hemorrhoids.....W. F. Schrader
 Cancer of the RectumC. C. F. Neischang

OCTOBER 17.

The Forcible Reduction of Spinal Curvatures Frank Greenwell
 Operations for Talipes vs. Splints and Braces C. H. English
 Treatment of Wry-neck J. M. Dinnen

OCTOBER 31.

Conservative Surgery of the Ovary..... H. A. Duemling
 The Medical and Surgical Treatment of Uterine Fibroids with Special Reference to Extract of the Mammary Glands and Ovaries W. D. Calvin
 Report of Program Committee.

NOVEMBER 14.

Management of Prolapsed Funis..... E. J. McOscar
 The Different Methods of Procedure in the Delivery of Breech Presentations J. S. Boyers
 Mechanism and Management of Labor in Brow Presentations..... Alice B. Williams

NOVEMBER 28.

The Differential Diagnosis Between Hypertrophic Cirrhosis of the Liver, Leukemic Liver, Amyloid Disease and Cancer..... Geo. L. Greenawalt
 Acute and Chronic Inflammation of the Pancreas..... S. D. Beavers
 Hydro-therapy John Schilling

DECEMBER 12.

The Modes of Infection and the Modes of Invasion of Pulmonary Tuberculosis E. A. Crull
 Symptomatology of Chronic Ulcerative Phthisis..... Louis A. Bolling
 Diagnosis of Acute Miliary Tuberculosis of the Lungs..... S. E. Mentzer

DECEMBER 26

Annual Meeting:
 Election of Officers.
 Banquet.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics,
in the Fort Wayne College of Medicine. Fort Wayne, Ind.

THE GASTROSCOPE.—Kelling (*Munchener medicinsche Wochenschrift*) describes a Gastroscope and then discusses the indications for the use of such an instrument. It will be of value in the early diagnosis of carcinoma, in determining the extent of the tumor with respect to operability; the seat of an ulcer can be determined and hour-glass stomach positively diagnosed. Ulcer and stenosis of the duodenum can be differentiated from gastric lesions; foreign bodies in the stomach can be distinguished from tumors of the organ.

ACTION OF MASSAGE UPON THE SECRETION OF THE GLANDS.—Douglass Graham (*The Journal of the American Medical Asso.*) says: "In massage we observe not only an increase of the specific elements of each secretion in a constant measure, but also a still more considerable increase of the water in which these elements are dissolved. We can, therefore, it seems to us, infer that the massage acts by a double process—on one hand it accelerates the function of the glanular epithelium; on the other, and perhaps in a still greater measure, it determines in the organ a more abundant afflux of blood, which favors filtration."

SALOPHENE.—M. Cresle (*Gazette hebdomadaire de medecine et de chirurgie*), in a thesis before the faculty of Toulouse, considers

salophene as now definitely settled in the therapeutic domain. It exerts, he says, an incontestible action upon acute and subacute reumatism, but its effects are less constant than those of salicylate of sodium. In chronic and blennorrhagic rheumatism it has shown itself superior to other drugs. Salophene possesses a powerful analgetic action which is exercised even in those cases where this drug can not be looked for to effect a cure. It has given good results in migraine, in various neuralgias, and in sciatica. Salophene employed in a medium dose produces no phenomena of intolerance, nor does it occasion headache, buzzing in the ears, or troubles of vision, but tolerance appears to be rapidly induced. In certain cutaneous affections salophene appears to have some efficacy, but it is necessary to wait for further experience. The medium dose of salophene is sixty grains daily, more or less, according to the gravity of the complaint.

MEMBRANOUS ENTERITIS.—Einhorn (*Medical Record*) discusses membranous enteritis. This he defines as an affection in which smaller pieces of mucous, somewhat ribbon-like in appearance, are passed with the feces in periodic attacks. He gives a table of 12 cases suffering from this disease, in 8 of which enteroptosis was present. Five showed absence of HCl and rennet in the gastric juice. One case had hyperchlorhydria. In 8 cases the motor function was increased; in 4 it was normal. Usually the attack is preceded by a period in which the patients suffer from obstinate constipation. There is loss of appetite, and sometimes a burning at the pit of the stomach. In rare cases the patient vomits. The duration is from 3 to 7 days, and the attack is sometimes followed, as well as accompanied, by diarrhoea. The mucous masses are grayish-white or yellowish in color, and at times may reach a length of 7 feet. Ehrlich's triacid solution stains them green, determining their nature. Einhorn reports the case of a woman, 28 years of age, who, 11 years previously, had had diarrhoea, that disappeared, recurring 4 years before report. Even in the free interval the feces contained small quantities of mucous. The most important element of the treatment is the diet. This should be solid rather than liquid, and abundant and nutritious. During the attack the patient should remain in bed, and it is frequently desirable to place a warm poultice over the abdomen and to administer a warm-water enema. During the interval the pa-

tient should be systematically treated with oil enemas, giving one at first every night, and then, after 3 weeks, every other night, and later with decreasing frequency. The quantity at first should be from 200 to 500 c. c.; later it may be considerably diminished.

THE TREATMENT OF GASTRO-INTESTINAL INTOXICATION IN INFANTS.—Perrier (*Annales de medecine et de chirurgie infantiles*, Nov. 15th; *Riforma medica*, Nov. 23rd) recommends in light forms unaccompanied by general phenomena, such as vomiting, diarrhoea, tumid abdomen, stationary or diminished weight, the suspension of milk, substituting for it boiled water, or slightly alkaline water, rice water, barley water, etc. The following prescription should be given:

R—Benzonaphthol $4\frac{1}{2}$ to 9 grs;
 Salicylate of bismuth..... $7\frac{1}{2}$ to 15 grs;
 Syrup of orange flowers..... 450 minims;
 Mucilage of acacia..... 1350 minims.

M.

A teaspoonful every two hours.

If the dejecta are foetid, infrequent, and if there is tympanites, give:

R—Calomel..... $\frac{3}{4}$ to $1\frac{1}{2}$ gr;
 Sugar of milk $1\frac{1}{2}$ gr.

In those forms in which the before-mentioned symptoms are added fever, foetid breath, foul tongue, thirst, and loss of weight, milk should always be suspended, water alone being given. Gastric and intestinal lavage with boiled water or a seven-tenths-per-cent. saline fluid should be practiced; warm, moist compresses should be applied to the abdomen, and if there is hypothermia, hot baths should be given, while tepid or cool baths should be used with hyperthermia. Thirty cubic centimeters (about four hundred and fifty minims) of artificial serum should also be injected every three or four hours.

BACTERIOLOGICAL STUDY IN THE ETIOLOGY OF YELLOW FEVER.—P. E. Archinard, Woodson, and J. Archinard (*New York Medical Journal*) reached the following conclusions: (1). In a large proportion of autopsies (32 out of 39) of yellow fever cases in New Orleans in 1897, a bacillus was found either in the pure

state (twice) or in association (30 times) similar to the Sanarelli bacillus icteroides. While similar to the coli communis, this bacillus differs in some of its essential characteristics. (2). In fresh blood taken from the veins of the elbow, in well-marked cases of yellow fever, this bacillus was isolated four times in five cases. (3). In the exhaled breath, mixed up with secretions from the mouth and the nose, (sometimes bloody) the bacillus was isolated twice in twelve cases. (4). In scrapings from the surface of the body of the sick, principally from the face, and upper thorax, the bacillus was isolated twice in every twelve cases. (5). The bacillus injected intravenously in the rabbit, and subcutaneously in the guinea-pig, in large doses, from 5 to 10 cu. cm. of a bacillus-culture was always fatal, and sometimes very quickly. In smaller doses (from 1 to 2 cu. cm.) the animals were made sick, but generally recovered. The animals that died showed characteristic lesions in the liver, kidneys and stomach. Cultures from these organs yielded pure growths of the inoculated bacillus. (6). The bacillus was identical in almost every respect with Sanarelli's bacillus icteroides obtained by himself and by Sternberg, but differed somewhat in its cultural aspects from Sanarelli's description of his bacillus. (7). The blood of yellow-fever cases or of recent convalescents from this disease agglutinated, within an hour, in over 80 per cent. of the cases, the bacillus icteroides of Sanarelli, and also the bacillus isolated by Archinard, in the proportion of 1 part of serum to 40 of culture. In less than 20 per cent. the reaction did not take place. (8). The blood of typhoid dengue, with eruption, and of malarial fever, when properly diluted, 1 in 40 did not agglutinate the bacillus icteroides or the bacillus of Archinard save in exceptional instances. (9). The blood from a number of diseases other than yellow fever when properly diluted 1 to 40, did not react on the bacillus icteroides or this bacillus. (10). Normal blood, properly diluted, 1 to 40, did not agglutinate the bacillus icteroides, or that of Archinard. (11). The blood of persons who had had yellow fever seemed to retain its agglutinative power for a number of years. The great majority of cases that had had yellow fever in 1878 yielded the reaction. Those prior to 1878 yielded no agglutination with the bacillus icteroides, or with that of Archinard.

“TIPS” FOR PRACTITIONERS.—Dr. William Murrell, of the Westminster Hospital, London, (*Medical Brief, N. Y. Med. Jour.*), in

an article on "The American Physician in London," says that he endeavors to impress upon his students the importance of:

1. The value of small doses of tincture of aconite frequently repeated in the treatment of amygdalitis and in the initial stage of febrile diseases.

2. The value of painting the chest and back with liquor iodi-fortis—diluted if necessary with an equal quantity of the tincture—in all cases attended with cough.

3. The value of a pill of exsiccated ferrous sulphate in conjunction with the administration of purgatives in the treatment of anaemia.

4. The value of grain doses of gray powder with an equal quantity of Dover's powder from three to six times a day in the treatment of syphilis.

5. The value of large doses of iodides in the treatment of tertiary syphilis.

6. The value of large doses of bromide of potassium in the treatment of the "heats and flushes" and other symptoms from which women suffer about the time of the menopause.

7. The value of large doses of quinine in the treatment of supraorbital neuralgia, and in the periodical febrile disturbances from which old malarial patients suffer.

8. The value of five grains of butyl-chloral-hydrate with one-two-hundredths of a grain of gelsemin in neuralgia of the fifth nerve.

9. The value of small doses of a saturated solution of camphor in alcohol in the treatment of autumnal or choleraic diarrhoea.

10. The value of small doses of perchloride of mercury in the treatment of infantile diarrhoea when the stools are green, slimy and offensive.

11. The value of sulphide of calcium in doses of a tenth grain in the treatment of boils, carbuncles and abscesses.

12. The value of nitro-glycerin and nitrate of amyl in the treatment of angina pectoris and allied conditions.

13. The value of alcohol in the treatment of fevers.

14. The value of flying blisters in typhoidal conditions.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

RECOVERY FROM WOUNDS OF THE HEART.—Three cases are now upon record of recovery following suture of wounds of the heart.

GRIP A CASE OF APPENDICITIS.—Dr. John B. Deaver believes influenza to be a frequent cause of appendicitis. He says he has operated two cases during the present epidemic of grip, which he positively asserts had their origin in grip. If this opinion is correct there will soon be manifest an increase in the number of cases of appendicitis.

PLEURITIS GONORRHOICA.—A case of pleuritis is reported (*Jour. Am. Med. Asso.*) by Dr. Rudis Jicinsky, of Cedar Rapids, Iowa. The case was suspected to be of tubercular origin. The pleurisy was of the plastic variety, and followed the urethritis many months. Gonococci in great numbers were found in the sputum. When the symptoms of pleurisy abated the urethral discharge was re-established.

MASSAGE OF GALL-BLADDER AS A CURE FOR CONSTIPATION.—Berne (*Med. News*) has found that massage of the gall-bladder gives nearly as good results as does massage of the whole abdomen. The theory is that constipation is often due to sluggishness of the biliary flow. The gall-bladder is massaged for ten minutes each day for ten or twelve days three hours after the midday meal. This usually suffices to bring about a normal stool without the aid of drugs, but from thirty to forty days are required to effect a permanent cure.

LAPAROTOMY FOR TYPHOID PERFORATION. —We learn from an abstract in the *Mirror* that Dr. H. W. Cushing has made four operations with one recovery. Three laparotomies were necessary before this patient was cured. The doctor corroborates the statement of Mikulicz, made in 1884. "If suspicious of a perforation, one should not wait for an exact diagnosis and for peritonitis to reach

a pronounced degree, but, on the contrary, one should immediately proceed to an exploratory operation, which in any case is free from danger."

DANGER SIGNAL IN CHLOROFORM.—R. Lèhman (*Semaine Med.*, Nov. 2), says that if the patient keeps his eyes open during narcosis or tries to open them when you try to close them you may expect some accident more or less severe. This phenomenon was noted twenty-one times in 329 anesthetics, and in each of the twenty-one cases more or less serious symptoms supervened.

RUPTURE OF DIAPHRAGM.—Dr. Mathew Porter, of Cincinnati, reports a case of rupture of the diaphragm resulting from a fall down a flight of stairs. The patient was able to get to bed unaided, and considered herself not much hurt at the time. The patient lived but two or three days. The earlier symptoms could not be learned owing to the fact that the patient was unable to give an account of herself when brought to the hospital, and had had no physician prior to that time. At the autopsy the diaphragm was found ruptured at the oesophageal opening to the extent of one and one-half inches. All of the stomach, except the pyloric end, the transverse colon and mesentery had escaped into the left chest, pushing the heart to the right, and flattening the lung against the chest wall. The mesentery and colon were gangrenous. There were no symptoms of peritonitis. There was dullness on percussion from the sternum to the left auxiliary line from the third to the seventh rib, and over this area was to be heard on auscultation a sound resembling that which is made by shaking fluid in a partially filled cavity.

CATHETERIZATION OF URETERS AS A THERAPEUTIC MEASURE.—Casper spoke at the meeting of the Berlin Medical Society (*Med. News*) of the therapeutic uses of catheterization of the ureters. He reports a case in which, by the injection of oil through the catheter, a stone was dislodged from the ureter and was afterwards crushed in the bladder. He reports also a case of pyelonephrosis much improved by washing out the pelvis of the kidney with silver nitrate solution. A third case is reported in which cure was obtained by leaving the ureteral catheter in position for seventy-two hours after washing by silver solution had failed.

He says catheterization of the ureters will give more favorable results in pyelonephritis than nephrotomy. In the discussion of the paper Israel said that catheterization could not save a patient already profoundly aremic, while nephrotomy would. He also maintained the possibility of a reflex anuria in the sound kidney from ureteral catheterization, and reported a case in which a reflex anuria was due to blocking of the opposite ureter by a stone. The urine began to flow from the healthy kidney as soon as the stone was loosened, as proven by the cystoscope.

HOT AIR IN JOINT DISEASES.—Dr. H. Augustus Wilson (*Annals of Surgery*) read a paper on the above subject recently before the Philadelphia Academy of Surgery. He uses the Betz or the Lentz make of ovens and advises gas rather than alcohol as being less likely to cause accidents. A physician should always superintend the use of the oven. Patients will not unusually bear over 300 degrees to 320 degrees of heat at the first sitting. Acute sprains, when seen early, have given the best results. Acute and chronic gout, rheumatism and rheumatoid arthritis have not responded well to the heat. Hydrarthrosis often rapidly disappears under the use of heat, and does best under applications of 300 degrees continued for two hours. Sweating is more profuse when the application is continued for some time with a not too high temperature, than it is with a higher degree of heat and shorter sittings. A temperature at the start of 300 degrees rapidly raised to 380 or 400 degrees and kept there for an hour will enable the physician to move a joint, which before the application seemed to be ossified, 10 to 15 degrees by the manual efforts, and 20 to 40 degrees by powerful mechanical force, and with slight pain at the time or following. Patients often walk several squares after having a stiff knee mobilized in this way. The author believes that decided benefit may be obtained by the highest degrees of heat, but that as yet time enough has not elapsed to allow of a definite statement.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

A REMEDY FOR TINNITUS AURIUM.—Dr. Mendel, in the *Journal des Practiciens*, says that in patients in which fifteen to twenty drops of cimifuga racemosa had been prescribed for tinnitus aurium, there was benefit in a fair proportion of the cases. When effective, it is very rapid in its action, arresting the tinnitus for the time being for at least two or three days.

SIGNIFICANCE OF RETINAL HEMORRHAGE IN CONNECTION WITH DISEASES OF THE KIDNEY.—Dr. Oppenheimer, at a recent meeting of the New York State Medical Society, stated that albumenuric retinitis was the most frequently observed eye lesion in connection with diseases of the kidney, and that these cases are almost always associated with hemorrhage, which not only darkens the prognosis, but allows us to assume that the same condition is present in the brain.

TREATMENT OF CANCER OF THE EAR WITH SOLUTIONS OF ARSENIC AND ALCOHOL.—Dr. K. Truneck, of Prague, in the November *Therapist*, (London), reports a case of cancer of the ear involving the external auditory canal, external ear and mastoid integuments, which was practically cured by daily applications of an arsenical alcoholic mixture after the method published by Cerny and the author in *Semaine Medicale*, November 21, 1898. The ulcerating surface was thoroughly cleansed, all necrotic tissue thoroughly removed, and the following mixture painted upon the diseased parts once daily:

Acid ArseniousI part.

Alcohol absolute

Aqua. distil.....a a 75 parts.

The treatment covered several weeks, but cicatrization replaced the ulcerative process, and the author believes a complete cure to have been effected.

ETIOLOGICAL ORGANISM OF TRACHOMA.—At the December meeting of the Chicago Ophthalmological Society, Dr. E. F. Snyder read a paper entitled "Some New Facts on the Etiological Organism of Trachoma," in which he detailed his investigations with the trachoma nodule. After subjecting the nodule to the various methods of staining bacteria within tissues and to see whether or not micro-organisms could be found within the nodule, he tabulates the results of his studies of sections, smears and secretions as follows:

1. He found within the trachoma nodule in fifteen cases an organism varying in length from one-half to two millimeters, and from .5 to .6 mm. in width.
2. This organism was enveloped in a gelatinous capsule.
3. No other organisms could be found within the tissues.
4. This organism was stained by the Gram method.
5. While seen only within the tissues or in smears, it was impossible to positively say whether this organism was a diplococcus or small bacillus.
6. The organism was usually found in the adenoid layer of the conjunctiva, most frequently between cells, though at times within them, very rarely in vessels.
7. It is quite abundant in the secretion of recent cases where no astringents or antiseptics have been used, but almost impossible to find after these have been used some time.
8. In the secretions it was possible to decide that the organism was a dot-like, capsulated diplococcus.

He concludes by saying that trachoma can never be called cured. He believes that the diagnosis can be made with absolute positiveness, providing one can find within the secretions or in the contents of the expressed follicles an organism such as he has described. Where one suspects trachoma there are almost invariably enlarged follicles. Squeeze out one of these follicles, smear its contents on a cover glass, fix them in the flame, stain them by Gram's method, and if a capsulated diplococcus is present, the case is undoubtedly trachoma; if it is not present, the case is in all probability not trachoma.

THE PHONENDOSCOPE AS A TEST FOR SIMULATED DEAFNESS.—In the January number of the *Laryngoscope*, Dr. J. A. Thompson advocates the use of the phonendoscope as a test for simulated deafness. According to Dr. Thompson's statement it is impossible to hear a tuning fork in the ear not directly connected with the pho-

nendoscope, and that in consequence if the tube connecting the phonendoscope with the ear be disconnected without the knowledge of the patient the sound will be transmitted to the other ear, or the only one which is connected with the phonendoscope. Granted that in an individual having perfect hearing it is impossible to tell which ear hears the sound, providing the transmission to one side has been interrupted, it becomes an easy matter to detect malingering by employing Dr. Thompson's method.

(I have for several years made use of a similar test in detecting simulated deafness in applicants for pension. One tube of an ordinary stethoscope is thoroughly plugged with a piece of cork, preventing the transmission of sound to the ear on that side. The stethoscope is then placed in the ears of the applicant, with the plugged tube connecting *with the good ear*, the applicant having been previously told that it was first necessary to examine for the acuteness of hearing in the good ear previous to examination for amount of impairment of hearing in the reported deaf ear. If the deafness is simulated, the applicant will invariably admit hearing moderate tones, and in many instances whispered sounds or the tick of a watch, but as soon as the stethoscope is reversed, and the applicant is told that you are testing his bad ear, he will, in spite of the fact that you know he is hearing out of his good ear, assert that he hears absolutely nothing. In making the test upon myself I have noticed that if the tuning fork, watch or other sound conveying instrument is close to the mouth of the stethoscope, it is possible to detect which ear hears the sound, but if the sound-producing instrument is removed to the distance of two or three feet from the mouth of the stethoscope it is next to impossible to detect which ear hears the sound. In using the test, therefore, this caution should be observed.—Ed.)

DEATH IMMEDIATELY FOLLOWING AN OPERATION FOR NASOPHARYNGEAL ADENOIDS UNDER CHLOROFORM.—Dr. F. W. Hinkel, in the *N. Y. Med. Jour.* of Oct. 28, 1898, reports the following case:

A boy of six years was operated upon for naso-pharyngeal adenoids, chloroform being used as an anesthetic. A very slight cardiac systolic murmur, loudest at the base, was noticed, but it was not considered due to an organic lesion, its presence being not uncommon in debilitated children. There was much delay from the vomiting of undigested food which had been taken by the patient

at a light breakfast nearly five or six hours before. Respiration was interrupted a number of times by spasms of the glottis, partial recovery from the anesthesia occurred and quite a length of time elapsed before the patient was sufficiently relaxed for the operation. About a fluid ounce of chloroform was administered in all. Near the end of the operation the patient suddenly gave a few hurried shallow gasps and respiration ceased. The pulse disappeared, and no cardiac pulse could be felt or heard; the pupils were dilated. All efforts of resuscitation failed. No post-mortem was obtained.

The author has collated eighteen cases of death from chloroform narcosis for the removal of pharyngeal adenoids, hypertrophied tonsils, or both.

Paltauf, Kolisko and others have thrown some light upon the cause of the extraordinary mortality under chloroform in this operation. It has been found, post-mortem, in a number of cases of sudden death from slight causes, that there was present hypertrophy of the lymphoid tissue throughout the body, and of the naso-pharyngeal adenoids; the thymus gland was persistent and often very large, and the intestinal follicles were markedly hypertrophied. In addition, there were frequently present a debilitated heart not dependent upon valvular lesions, and at times a narrowing of the aorta with small size of the peripheral vessels. This condition, which has been called *habitus lymphaticus*, was found among others in a number of cases of death during chloroform administration. People so constituted, even though apparently robust, seem to have little power of resistance to comparatively slight shocks.

In commenting upon Kolisko's report, Brickner states that it would, therefore, seem that in anesthetizing patients of lymphatic temperament, or in whom lymphatic enlargements or adenoid vegetations existed, chloroform should be rigidly excluded. Dr. Hinkel offers the following conclusions:

1. Statistics show an exceptionally high mortality from chloroform anesthesia in the operation for removal of lymphoid hypertrophies of the pharynx.

2. The observations of Viennese pathologists show that sufferers from adenoids frequently belong to an abnormal constitutional type that has been found peculiarly susceptible to chloroform narcosis.

3. In view of the statistical and pathological data presented, the general use of chloroform in the operation for hypertrophied tonsils or naso-pharyngeal adenoids is inadmissible.

BOOK REVIEWS.

THE MEDICAL DIAL.—The first number of Vol. I of the *Medical Dial*, published at Minneapolis, is before us, and the reason for existence, as stated in the salutatory, is that the City of Minneapolis, with a population of 215,000 people and 350 practicing physicians, the seat of two prosperous medical colleges, six general hospitals, and five dispensaries, and the medical center of a vast territory, has no journal to voice the interests of the general medical profession. To supply this open field the *Medical Dial* makes its appearance, with Dr. J. W. MacDonal as editor-in-chief, assisted by a large corps of collaborators. The table of contents contains departments for original articles, editorials, and abstracts of leading articles in the current medical literature.

THE CRYSTALLINE LENS SYSTEM.—Its Embryology, Anatomy, Physiological Chemistry, Physiology, Pathology, Diseases, Treatment, Operations and After-Changes. With a Consideration of Aphakia. By Louis Stricker, M. D. Cloth, pages 1 to 600. 1899. Price \$5.00. Louis Stricker, M. D., Publisher. Cincinnati, Ohio.

This work is largely a translation of Otto Becker's *Pathologie and Therapie des Linsensystems, Graefe-Saemisch Handbuch, Vol. V.*, 1877, though current scientific literature has been freely quoted in substantiation of many of the facts and theories set forth throughout the work. Inasmuch as many of the ideas contained in Becker's work are not in accord with the teachings of modern pathology, it became necessary to modify those ideas so that they would represent the latest and most scientific opinions upon the subject. This the author has done with commendable skill.

One cannot help but be impressed with the exhaustive yet concise and accurate consideration of everything that pertains to the crystalline lens system as considered in this work. As stated in the title page, the embryology, anatomy, physiological chemistry, physi-

ology pathology, diseases, treatment, operations, and after-changes, with a consideration of aphakia, are taken up in methodical order, and treated with such accurateness and thoroughness as to leave but little, if any, to be added that is of value in a consideration of the subject. The author has carefully and critically reviewed all that has been published regarding the lens system and kindred subjects, and quotes largely from these publications. Nearly two hundred pages are devoted to an index of everything relating to the lens system that has been published from the year 1532 up to the close of 1898, and this bibliography forms one of the valuable features of the book.

The author has certainly devoted an enormous amount of time to the subject, and has succeeded in giving the medical profession the only classical work upon the crystalline lens system that is published in the English language.

A. E. B.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

THE TREATMENT OF CARBOLIC ACID POISONING.

By WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

The recent sad and tragic death by carbolic acid of a prominent divine in this city, mention of which was made in our daily papers, has led the writer to institute a line of investigation regarding the merits of so-called antidotes for this most common poison.

Carbolic acid or phenol has been used for years by every physician and surgeon in active practice, and today it is considered one of the best antiseptics and germicides in common use. The scope of its usefulness and the frequency of its application has placed the remedy in the hands of the laity, who fail to recognize in the apparently harmless fluid one of the most virulent poisons. Used as it is, by the surgeon, the accoucheur, the gynecologist, and in general practice, it also finds its application in nearly every household as a disinfectant, in the dressings of sores, ulcers, as a vaginal douche, and diluted with glycerine and rose water as a healing application to hands and face.

This universally and widely spread use of carbolic acid has

placed it in the front ranks of household remedies, and few are the family medicine chests that do not contain a quantity of this poison, and the extensive employment of this remedial agency has within the last few years become a frequent cause of accidental poisoning.

Carbolic acid, when taken internally either by mistake or with suicidal intent, acts energetically as a corrosive narcotic poison. Its first effect being to corrode and destroy the tissues with which it comes in contact, producing a chain of toxicological symptoms not unlike those of mineral acids. The secondary effect is that of a narcotic with their characteristic action on the pupils, skin, temperature, respiration and pulse.

There are but few cases that come under the observation of the general practitioner in which prompt and specific action is as much required as it is in the successful treatment of cases of poisoning.

While in ordinary diseases the attending physician has ample time to enquire into the history of the case before him, and has abundant opportunity to make a correct diagnosis, and treat the patient accordingly, but when suddenly called to attend a case of poisoning he must think and act promptly. He should be as thoroughly posted on the differential diagnosis of hysteria, tetanus or strychnia poison, as he would be on measles or scarletina.

No classes of cases test a physician's ability and learning as do these emergency cases, and none call for a more prompt and correct use of sound judgment and proper antidotes.

While some conditions require mechanical interference, others may again call for chemical or therapeutical antidotes.

Toxicology teaches us the science and treatment of poisons, it tells us what to do under certain conditions, how to treat the various symptoms arising from an overdose of toxic remedies, and endeavors to show how some poisonous symptoms may be combatted by chemical antagonistics, while others require therapeutical interference.

In cases of carbolic acid poisoning, the rational treatment heretofore has been to endeavor to check the escharotic action of the acid on living tissues and mucous membranes. This was usually accomplished by giving large quantities of fixed oils, or albumen or lime water saccharated, after which the secondary depressing effect was treated by stimulant injections.

Subsequent developments proved the efficacy of exhibiting a

strong solution of some soluble sulphate, like magnesium sulphate or sodium sulphate, endeavoring thereby to create and form a new chemical compound of the sulpho-carbolate variety.

While this chemical antidote would in a measure neutralize the poison if promptly applied and given in sufficient quantity, yet it failed to be of service if the acid had been absorbed, and the secondary action through the nervous system had manifested itself.

Even if immediately applied the sulphate solutions will not prevent blistering, neither do they appear to lessen the deeper escharotic action of carbolic acid.

As a result of numerous experiments, Drs. Powell and Phelps, and others of the New York Post Graduate School, have adopted the use of grain alcohol as a specific in carbolic acid poisoning. Their investigations led them to use it in washing out abscess cavities with pure carbolic acid, followed by alcohol, also in empyema in which the cavity in the chest wall was washed out by a 10 per cent. solution of carbolic acid, followed immediately by pure alcohol without any untoward effect.

In the application of pure alcohol in cases of carbolic acid poisoning the most wonderful results and cures were produced.

Following out the lines of investigation the writer applied a quantity of pure carbolic acid to the back of his hand and allowed it to remain until the action of the acid had manifested itself by a burning sensation, when an application of pure alcohol was made, and the escharotic action of the acid was checked at once.

To further demonstrate the properties of alcohol as an antidote in carbolic acid poisoning, the writer deliberately placed the end of his tongue in carbolic acid which was contained in a shallow dish, with the result of receiving the full escharotic action of the acid on the soft, delicate tissues and membranes. The pain experienced was intense, yet the application of alcohol, which was made by holding a tablespoonful of the fluid in the mouth for a period of thirty seconds, entirely relieved the pain and destroyed the action of the carbolic acid so that no inconvenience was afterwards manifested. Being thoroughly satisfied that alcohol relieves the pain, and prevents the further destruction of tissue, besides when swallowed, serving as a stimulant in counteracting the secondary effect or sedative action of the poison, it became necessary to determine the phenomena of the antidote.

The close chemical relation of carbolic acid (phenol) and alco-

hol seemed to offer a key to the situation. Both are alcohols, and their chemical formulae, differing only in the quantity of the carbon radicle. The chemical symbol for carbolic acid being $C_6 H_5 O H$ and that of alcohol being $C_2 H_5 O H$, it appears that when brought in contact with each other the alcohol exerts a stronger influence over the phenol radicle and converts it into a new variety of the benzine or aromatic alcohol series, and in doing so it not only changes the molecular formulae of phenol, but also converts into a compound having the chemical and therapeutical properties of alcohol.

The ease with which the antidote-alcohol for carbolic acid is procurable and the simplicity of its application, coupled with its safe and rapid action, stamps it as being, as far as known at the present time, the specific for poisoning by carbolic acid.

THE PHYSICIAN AS A BUSINESS MAN.*

By Dr. JOSEPH FAIRHALL.
Danville, Ills.

The title of my paper is almost a misnomer, as it has always been generally conceded that the average physician is not a business man in any sense of the word. My purpose being to emphasize the negation I affirm that physicians, collectively taken, are not business men and do not apply business methods to that portion of their work which demands such attention.

Some one present may take exception to my statements in view of the fact that he considers himself as one who thoroughly applies business principles to his profession, but to him I say that while I concede that there are usually exceptions to all rules, the exceptions in this instance are few and far between, and I face the objections that may be in store for me with the statement that not one physician in five hundred can be said to be a business man in the true sense of the term.

Place the average physician beside the man of recognized business ability, and the comparison is so marked that even the acknowledged egotist cannot help but note the difference. This difference is in a large measure due to the natural tendencies of the physi-

*Read before the Vermilion County Medical Society, at Danville, Ills, Aug. 9, 1898, and
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cian, though it is also due in part to circumstances governing his actions. The grocer who receives a telephone order for groceries to be sent to an unknown individual on some obscure street either insists upon cash before the order is filled or cash upon delivery of the goods. Any other plan or system would in time end disastrously for the grocer and give the sheriff opportunity to seize the store and the knowing ones to criticise the loose methods which brought about the trouble.

The physician who receives a call to attend someone in an unknown family upon an obscure street seldom if ever inquires as to the ability of the family to pay, but renders his service with as much display of punctuality and ability as he would had an advance payment for services been made. The bill, presented not immediately after the services rendered or at the expiration of thirty days as customary in any well conducted business no matter what the ability to pay, but six months or one year afterward, receives no attention, and attempts to collect are met with failure. To add to the injustice of the situation the family not only cease to employ the physician in future illnesses, but malign and abuse him as only "dead beat" patients can. The same treatment is accorded other physicians who successively attend the family. If the sheriff should seize the doctor's office the general public would wonder how such a thing could happen to a physician with so much business that he could not do justice to it all. The truth of it all is that the general public finds the doctor ever ready to respond to any and all calls, no matter how questionable the remuneration, and in consequence the general public find it convenient to keep him busy. He makes a business failure of life, leaving nothing for his family when dead, the same as the grocer who extends credit to everyone and insists upon payment from none.

The doctor, too, lacks system in his work. He allows himself to be taken from his regular office hours, or he neglects to arrange his work so that he can attend to office patients who prefer to see him at an appointed time or understand that he is to be found at certain times.

A store that is irregular in its opening and closing time will lose business. Likewise the physician who is irregular in attendance to his office hours or indifferent as to the necessity of having regular office hours will lose business and usually the best paying part of his work.

If every physician would form this axiom, "Take care of your office and your office will take care of you," there would be less ground for criticism of the doctor for unsystem-like arrangement of work, and the doctor would find his bank account making a better showing. Office hours should be short, but should receive just as rigid and conscientious attention as a promissory note. An emergency case may occasionally demand that the physician miss his regular office hours, but this is the exception rather than the will unless the physician, of his own will, makes of every call an emergency call.

Every physician should have an accurate account of every charge for professional services rendered, and this is only possible when book-keeping is made a part of the regular work or is designated to one competent to attend to it. A definite rule as to time of rendering statements and pressing settlement of accounts should be followed, and patients will soon learn that the physician proposes to have a certain length of time for extending credit the same as any business man. Many a physician has lost money by not having his books posted when patients came to settle accounts, or has neglected to render a statement of account for months or even years after the services were rendered. No sensible and honest man will be offended by receiving a statement of his account, and if offended the physician is better off in the long run without his business.

The farmer who sells produce at market expects and demands cash. The merchant presents his bill at thirty or sixty days and expects his money. The laboring man who builds the doctor's house, attends to the doctor's horses or garden expects and demands cash when his work is done. It should cause no offense if the doctor expects and demands compensation for his services immediately after they are rendered or not later than thirty or sixty days after, exceptions only being made to the worthy poor.

The physician should maintain his own credit by prompt settlement of all honest debts, but to do this he must insist upon others dealing with him in a similar manner, and his patrons should understand that his requirements must be taken into consideration even though good business principles are ignored by the more ignorant as well as those who would take advantage of any and all leniency.

The physician of good business principles will have a fee bill, with established fees for any and all kinds of professional work. His charges will vary only when circumstances warrant donating

a portion of the regular fee as a charitable act due the worthy poor. Even then the patient should be given a bill for regular charges and discount credited. The physician who has no regular or scheduled fee for any class of work may be rightly looked upon with suspicion, for he will prove a pirate in the profession. Likewise the man who places his fees low for the purpose of getting business, and has only one rule "take what I can get" will never get beyond the reputation "cheap doctor," for as he estimates the value of his services so will his patients estimate them. The man who so cheapens himself and his profession will soon lose the respect and confidence now accorded the dignified, intelligent and progressive medical man.

It is through a lack of business system and inattention to the business part of our profession that the practice of medicine has gradually fallen in many localities from the high plane that it once occupied. The public look upon the doctor bill with indifference, and it is popularly known that in most cases the doctor's bill is the last to be paid even among those who could conveniently pay promptly. Some people believe that the physician makes such profit that he can afford to extend credit for an indefinite time, while others consider the doctor as legitimate prey, and after defrauding him ease their consciences with the statement "he never did me any good and, therefore, doesn't deserve payment," an opinion they take particular effort to give wide publicity. The latter class of people are protected by the law which gives \$400 exemption and \$1,000 homestead protection which, in nine cases out of ten, absolutely prevents collection of accounts.

In no other business is there such a loss of money as in the practice of medicine. The very busy physician, if paid according to services rendered and fees charged upon his books, would have more than the necessities of life, but some of the luxuries, and leave his family a competence at death. The wealthy attorney, merchant or manufacturer can be found on every hand, but wealthy physicians are few and far between, and the few who are comfortably wealthy have become so through other sources than the income from professional work.

Occasionally a physician resolves to extend no more credit to those owing him, but the resolve is soon forgotten or broken through a mistaken notion that loss of practice will result from such a policy. The adoption of such a plan would be the means of in-

creasing the income while decreasing the amount of work performed. The patient who makes no attempt to make even a partial payment of a small account can scarcely be expected to make much of an effort to pay a larger account; in fact, there is usually less inclination to pay when the account has been allowed to grow.

There is no reason why physicians should not have a credit rating book the same as any other business men, as a means of protection against imposition, deception, and dishonesty on the part of those patients who make a practice of avoiding payment for professional services. If each physician will report the names of patrons who do not pay their doctor's bill and these names are arranged in alphabetical form in a book for the purpose, it would be possible for every physician of the community to know who the "dead beats" are and refuse attendance upon them without first receiving pay in advance or having the account guaranteed.

The grocer, the butcher, the clothier, and other tradesmen will not extend longer credit to the physician than to any other member of the community. Office rent, drugs, instruments and other equipment for successful work must be paid for promptly, and the cost of educating the children of the physician is equal to the cost of educating the children of any other individual. The world treats the physician in a business manner, and the physician in justice to himself and in justice to his family, must adopt the same principle in dealing with patrons if he proposes to be anything more than a slave to the public and receive a slave's reward.

No true physician will refuse to serve the worthy poor, of which every community has its share, but attendance upon the shiftless, disreputable and dishonest is not required in the name of charity, a virtue that every reputable physician possesses to an unusual extent.

Aside from the requirements necessary for success from a business standpoint, as previously pointed out, the physician must, in order to retain or increase his practice, look to his professional advancement and the worthy recognition of his confreres. Medical associations, which have for their aim the dissemination of medical knowledge and increase of fraternal relations among physicians, should be attended, and some of the latest and best medical literature in the way of medical books and periodicals should be in the library if the physician wishes to keep abreast of the progress of the age.

Above all, the physician must be strictly honest in all his dealings and keep his moral standing above even the slightest suspicion. He should be guilty of no act, either in his struggles to get practice or in his business or professional relations with patients that will bring odium upon himself. The physician who resorts to unprofessional methods in his eagerness to obtain practice, such as openly soliciting patronage from members of churches or lodges, or underbidding fellow practitioners or speaking disparagingly of them in order to advance individual interests, occupies the same plane as the itinerant peddler and quack physician. He not only gains the ill will of the profession, but the ridicule and contempt of an intelligent laity.

In conclusion, it may be well said that success, as a man and as a physician, depends upon personal and scientific qualifications, and adherence to whatever is true, just and pure. "We should make skill in preventing, relieving, and curing disease our central thought and our chief reliance, and as men and brothers, should discharge each and every duty to Our Great Master's entire family, at all times and in all places, with fidelity and honor; and, further, that we must also possess professional tact and business sagacity if we would succeed in the profession to the fullest extent that lies in us, and create for ourselves corresponding spheres of usefulness in the world."

THE IMPORTANCE OF CAREFUL EXAMINATION AND INQUIRY CONCERNING THE HISTORY IN ALL CASES PRIOR TO OPERATION.*

By MILES F. PORTER, M. D.

Professor of Surgery and Clinical Surgery and Gynecology, in the Fort Wayne College of Medicine.

LADIES AND GENTLEMEN:—I am glad that I have the opportunity today of spending the hour in talking to you on the importance of making careful examinations of, and close inquiry concerning, the personal histories of all patients, prior to operating upon them. Were it not that so much depends upon careful attention to these points I would feel like apologizing for taking up your time with a subject which at first glance seems so elementary.

I shall illustrate my remarks by citing cases which have occurred in my own practice, with some of which you are familiar.

*A Clinical lecture delivered at Hope Hospital March 2, 1899.

You will remember the case of the boy operated upon in your presence for an ununited fracture of the tibia.

I had operated upon him twice before for an angular deformity following a fracture of the same bone. The first operation seemed satisfactory for a few months only when the deformity recurred. The second operation, consisting of a cuneiform osteotomy of the tibia, fracture of the fibula, and division of the Achillis tendon resulted in a practically perfect leg. More than a year after this operation the boy received a blow upon the back of this same leg, which was followed by a gradually increasing deformity, consisting in a bending forward of the tibia apparently at the site of the old trouble. Inasmuch as the boy continued to walk on his leg after this injury, though with a bad limp, and as I had not had the opportunity of examining the leg at the time of the injury, I was inclined to attach but little importance to the father's opinion that the blow received had broken the leg below the point of the old fracture. I, therefore, contented myself with a very superficial examination prior to the operation and told you before making the incision that notwithstanding the father's statement, I believed we would find what had been found before, viz—an angular deformity at the site of the old trouble due to delayed union. As you know, what we did find was a close fibrous union between one and a half and two inches below the site of the former operations. This mistake, though not serious, might just as well have been avoided had I given the father's statement the proper credence and thereupon made a careful examination of the leg, with the boy under ether, before making the incision.

In the case of nephrotomy, referred to at our last meeting, you will recall the fact that it was the statement of the patient's mother that at "one time" there appeared in the urine "a small streak of blood," which was the determining factor in the diagnosis of injury to the kidney substance, with slight or no communication between the wound and the pelvis of the kidney, and consequent development of a tumor due to hemorrhage and accumulation of urine. Injury to the bladder or lower part of the ureter could be excluded by the site at which the injury was received. The location and shape of the tumor excluded the diagnosis of extravasation of urine from laceration of the ureter. Had the ureter been divided or its lumen closed the quantity of urine passed per urethra would have been much diminished, this was not the case. An injury to the kidney substance with free communication with the pelvis of the

kidney would have given large quantities of blood in the urine. The tumor grew too rapidly for an abscess, besides there was but a slight rise of temperature. The shock was prolonged enough to make it certain that considerable hemorrhage had taken place, but not sufficiently to account for the large tumor entirely on this ground. The anemia also would have been more marked had enough blood to form such a tumor been lost. The tumor was not increasing in size as would have been the case had the ureter been closed at its origin. In short, the blood in the urine clinched the diagnosis of injury to the urinary tract. The small quantity of it, together with its appearance on but one occasion, coupled with the other facts brought out by examination and inquiry, lead to the diagnosis as above given. The operation revealed a laceration of the upper anterior aspect of the kidney within the capsule with a large accumulation of fluid which, upon examination by Dr. Drayer, proved to be an admixture of blood and urine.

Concerning the case of iliac abscess operated in your presence two days ago you will remember it was remarked that the man's appearance, together with the history of an abscess in the same locality ten years before, was suggestive of tuberculosis. His family history was, however, good, and he had been in perfect health until within two weeks of his appearance at the clinic. This (two weeks) was too rapid in its development to be tubercular. Besides the pain tenderness and fever (103 degrees) all argued for an infection more acute than tubercular infections usually are. The pus, too, was thick, yellow and creamy and not like the fluid from tubercular abscesses. Dr. Drayer reports to me today that he found in the specimen of pus we gave him no germs except staphylococci.

I once had a case sent to me to have a truss applied for an inguinal hernia. An examination revealed a testicle lodged in the inguinal canal. A truss could of course not have been worn. The empty scrotum on that side had escaped notice.

One cannot even determine intelligently which anesthetic is best in a given case without a careful examination, in which examination the clinical history is an important factor. It will not do, for instance, to conclude that because a patient has albumen in his urine he should take chloroform in preference to ether, or nitrous oxide in preference to either chloroform or ether. A careful inquiry may reveal the fact that the kidney lesion is of long standing, that it has resulted in friable vessel walls, or in a weak heart. In

the former case nitrous oxide would be contraindicated and in the latter chloroform.

I did a gastrostomy for cicatrical stenosis of the oesophagus in a young man without as painstaking an examination as should have been made. Ether was the anesthetic used; and on the second day a broncho-pneumonia developed which nearly cost the patient his life, retarded his recovery and caused me no little worry. Inquiry would have revealed a chronic bronchitis due to foreign material regurgitating into the bronchi through the larynx during efforts to swallow. Had this inquiry been made and chloroform administered instead of ether the trouble might have been avoided.

I was once called to see a little boy who had been treated for some time for "brain fever," because of fever, spasms, etc. In getting the history of the case inquiry was made as to the urine, when the mother assured me that he was "all right" in that direction. I asked how often he passed his urine, and was told that he was wet "all the time."

Uncovering the child for examination he fortunately had one of his spasms, which, it was noticed, came on coincidentally with urination. The boy was found with a tight and adherent foreskin, and was cured of his brain fever by the necessary operation, done then and there.

Without worrying you by lengthy detail it is sufficient to say that a careful inquiry into the history of a case may lead to a diagnosis which, without such inquiry, could not be made, except as a guess, no matter how thorough the physical examination. I once operated a woman for what I thought before operation to be an ovarian cyst, and which proved to be a cyst, but of the dermoid variety, the contents of which, when tapped, so much resembled pus that I had for a moment a flesh quake, and saw before me visions of peritonitis, etc. I might have saved myself the scare and raised my rating as a diagnostician in the eyes of my colleagues who were present had I paid proper attention to the patient when she remarked during my examination prior to the operation that "if she had a tumor now she had had it ever since she could remember."

I once saw in consultation a babe two days old for whom the attending physician had been laboring for some time to make an artificial urethra. He had examined the case, he said, carefully and could find no meatus. I looked and could find none, but upon inquiry learned that the baby had wet himself once slightly since

birth. Another examination revealed a pin-point meatus with hypospadias, and a snip with the scissors did the business. To the credit of the profession let me say this man was not a regular physician. Aside from other reasons the precaution now being urged will often save the physician unnecessary worry.

My first case of cholecystotomy kept me on the rack for some time, because of the development during its progress of an intermittent pulse. After she was able to be about she asked me one day if I had ever noticed anything peculiar about her pulse, and went on to say that often for days it would be very irregular and miss beats, and then I knew my worry had been unnecessary.

I was once much worried by the development of nausea and headache in a case in which I had done a celiotomy a few days before. My worry vanished when I learned that such attacks had been of frequent occurrence in this patient.

For an attack of cholera-morbus occurring in a patient convalescent from an abdominal hysterectomy I recently gave a hypodermic of one-eighth grain of morphine. The result was alarming for a short time, the pulse and respiration becoming very irregular, each at times slow and at times weak and rapid. When the patient was able to speak she asked if I had not given her morphine, and said she could have told me it "made her crazy" had she known I was going to give it to her.

In a case after a similar operation I witnessed some very annoying if not alarming symptoms due to the fact that the woman was a morphine habitue, and, not knowing it, I had, of course, withheld the drug as is usual in such cases. A little less than her usual allowance of morphine caused all unpleasant symptoms to subside, and the allowance was kept up until the patient was able to stand its withdrawal, when it was discontinued and the habit cured.

While operations may at times be made upon patients suffering from incurable disease, they should certainly not be made without a knowledge that such is the case. An active pulmonary tuberculosis would proscribe an operation for a local tuberculosis of bone or skin. To remove a tubercular testicle and leave behind a tubercular kidney, bladder or peritoneum would be worse than useless.

If in thus holding up to your gaze some of my mistakes, together with some made by my confreres, I shall enable you to steer clear of the rocks upon which we have come to grief, I shall not have talked in vain.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of February:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	6	1
Scarlet Fever ..	4	1
Measles	not rep	0
Typhoid Fever	1	1
Tuberculosis	not rep	7
Cerebro-Spinal Meningitis.....	1	1
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
LaGrippe.....	not rep	5
Total deaths from all causes.....		86

MENTION THE JOURNAL-MAGAZINE WHEN WRITING ADVERTISERS.

The advertisements in any medical periodical are worthy of attention, and we believe most physicians feel well repaid in glancing through the advertising pages of the journals that come to their tables, inasmuch as the advertisers invariably have something to offer that is of particular interest to the physician and which many times pertains to his scientific progress and success as well as the advancement of his pecuniary interest. Few readers, however, understand how beneficial to the publisher it is to mention the periodical an advertisement is seen in when writing the advertiser. Frequently an advertiser is getting returns from advertising placed in certain periodicals though these periodicals are not getting the credit for the returns because the advertiser has no means of knowing just where he can place credit for returns. We hope our readers will make a special effort to assist us by mentioning the JOURNAL-MAGAZINE when writing advertisers.

COMPULSORY BIRTH AND DEATH REGISTRATION.

Among the good, bad and indifferent bills passed by the Indiana Legislature now in session is one that provides for a complete registration of all births and burials in city or country, with proper penalties.

The physician or other attendant at a case of confinement who fails to make the proper birth return will be subject to fine, and a funeral director or other person who buries a body without an official permit filed in the health office pays a fine, and the cost of exhumation is charged to the persons responsible for the neglect. It is made compulsory upon the part of the coroner to exhume bodies buried without permit to determine cause of death by inquest.

This law is a wise one, and if properly enforced will be of the utmost assistance in compiling vital statistics. We regret that the bill did not also provide for compulsory registration of all contagious diseases with penalties for non-compliance. Lack of an efficient law relating to report of contagious diseases is responsible for many of the difficulties encountered by boards of health in establishing measures for the prevention and control of disease, and it is hoped that the Legislature may yet give favorable attention to a matter of such importance to public welfare. A. E. B.

THE SPECIALTY OF INTERNAL MEDICINE.

In a recent editorial in the *Journal of the American Medical Association*, the writer happily refers to what he calls the "Specialty" of Internal Medicine. The necessity and the existence of such a specialty is beyond a question, or a doubt. The refinements of diagnosis, the necessary skill and training in clinical investigations, familiarity with all the various instruments required, together with a comprehensive knowledge of the technique of laboratory investigations without which diagnoses can be only imperfectly made, constitutes a field of medical work absolutely distinct by itself, as is the work done by the oculist, or the dermatologist. The so-called general practitioner, who is the general family adviser, can no more do this work, in the cases where it is required than he can make an iridectomy or a laparotomy. His inability to do it in the one case is not so obvious as it is in the other, but it is just as real.

The "specialty" of internal medicine is one of the necessities of the time and is here to stay, and should be recognized by the general practitioner in a large group of cases, mostly of a chronic character, the best interest of which requires all the light that the multiplicity of recent technical methods can throw upon it.

G. W. M.

TUBERCULIN IN LIFE INSURANCE EXAMINATIONS.

At the regular meeting of the Allen County Medical Society held on Tuesday evening, Feb. 21, Dr. B. Van Sweringen presented a paper upon the subject "Tuberculin in Life Insurance Examinations," in which it was advocated that the use of tuberculin in those applicants in which either by family history or otherwise there seemed to be a tendency to the development of tuberculosis, without there really existing lesions by which the presence of the disease in incipiency could be detected, would give conclusive evidence as to the presence or absence of the disease. Statistics were quoted showing that a large percentage of deaths among policy holders results from tuberculosis, and that many of these deaths occur within the first two or three years following the granting of a life insurance policy. In all probability many, if not all, of these cases have incipient tuberculosis at the time that the application for life insurance is made, though the disease cannot be

detected by the usual means of examination and diagnosis. In such cases the use of tuberculin is particularly applicable and would serve to detect the unfavorable risks which otherwise would pass unsuspected. The ultimate result would be the lowering of mortality rate, and with this a saving to policy holders by reduction of premium. If adopted as a routine of life insurance examination the examiners would of necessity have to be paid more for the extra time and trouble consumed in carrying out the tests, though the advantages accruing to the companies would amply warrant even doubling or trebling the fees now paid to medical examiners.

A. E. B.

CHANGE OF PUBLIC OPINION REGARDING ENGLAND'S ABOLITION OF COMPULSORY VACCINATION.

Under the title "The Awakening," the London *Therapist*, Feb. 15, '99, says that the English people are at length beginning to appreciate and realize the dangers to which the public are exposed by the recent Vaccination Act with its notorious conscience clause. From north and south, east and west, reports come that public bodies of all descriptions, vestries, district councils, etc., are memorializing the Local Government Board, with a view to the repealing of an Act which never should have become a law.

At Newton Abbot, according to a report in the *Lancet* of Jan. 21st, Mr. J. T. Ley, F. R. C. S. Eng., one of the guardians, said, "all over the country people are condemning the abolition of compulsory vaccination, and the unions will one day have to pay a most fearful bill, not only in money, but in moral responsibility, for the part which they have taken against vaccination." He further said that he would be sorry to stand in the shoes of the anti-vaccinationists when the day of retribution came.

Therapist adds that it remains to be seen whether the pressure which is being put upon the Local Government Board from outside, and which is daily and hourly steadily increasing, will induce the Government to reconsider their position and bring in a short Act to repeal a Bill which never should have been passed, and which, if allowed to remain upon the Statute Book, will, in all human probability, be followed by consequences so disastrous in their nature that one almost fears to contemplate them.

We sincerely hope that the ravages of a wide-spread epidemic will not be the means of bringing the English people to their senses, but that they will recognize the dangers that await them if vaccination, the one and only safeguard, is not once more given the same legal recognition that it once had.

No better argument in favor of vaccination can be given than that contained in the statistics covering periods before and since adoption of compulsory vaccination in Germany, Denmark, Sweden, Norway, and England. No more forcible lesson should be needed than a record of the deaths and disfigurements resulting in consequence of the Montreal and other epidemics which have ravaged unvaccinated populations.

The opponents of vaccination were successful in obtaining a "conscience clause" in the Vaccination Act now a law in England, but we believe the people will yet demand a repeal of the Act on the ground that no man should be allowed to exercise his conscientious objection when it means danger to his fellowmen.

A. E. B.

THE NEW EDITOR OF THE ASSOCIATION JOURNAL.

The *Journal of the American Medical Association* announces without comment that at the regular meeting of the board of trustees of the American Medical Association held in Chicago Feb. 17th, Dr. Geo. H. Simmons, of Lincoln, Nebraska, was elected editor of the Journal of the Association and will assume its management about March 1st. To a large number of the readers of the *Journal of the American Medical Association* and prominent medical men throughout the country this election will prove somewhat of a disappointment, in that it was thought that the choice would fall on one of the several prominent medical editors of the East who were slated for the position and if elected would have received the endorsement of a large portion of the rank and file of the Association membership. The *Journal of the American Medical Association* should be the medical journal of the country and more thoroughly voice the sentiments of the medical public than any other medical periodical published. With due respect to Dr. Simmons and his reputed ability, we believe that the selection of editor of the *Journal of the American Medical Association* should be left to the Association rather than to the board of trustees, believing

that the sanction of a majority of the membership of the Association would be preferable to election by a committee of nine or ten men, but a portion of whom perhaps exercised the privilege of ballot in the selection of the present editor. It is hoped, however, that a wiser selection could not have been made, and that Dr. Simmons, a practicing homeopathist for ten years, and a recognized regular physician only since his graduation from Rush Medical College in 1892, will prove himself well worthy of the position which requires such mature thought and keen executive ability.

A. E. B.

THE PAUL PAQUIN SCANDAL.

Most medical men are more or less familiar with the legal controversy between Dr. Paul Paquin, of anti-tubercle serum fame, and Mr. John T. Milliken, his partner, in which some very unpleasant and damaging charges were made against Dr. Paquin regarding his scientific pretenses as well as business honesty. The legal trial resulting in a dissolution of partnership without uncovering much crookedness that seemed likely to come to light had not the Judge's rulings prohibited the introduction of much evidence that had been carefully prepared with a view of acquainting the medical profession and general public with the unscientific work that was reported as being done in the Paul Paquin Laboratories.

Closely following the events of the trial there appeared in the July (1898) number of *Love's Medical Mirror* an article from the pen of the editor, Dr. I. N. Love, in which Mr. John T. Milliken was mentioned in an uncomplimentary manner and accused of attempting by trickery and unjust business methods of swindling Dr. Paquin.

In reply to this Mr. Milliken now comes forward with "An Open Letter to Dr. Isaac N. Love," in which he meets the attack in *Love's Medical Mirror* with specific charges of conduct on the part of both Drs. Love and Paquin unbecoming ethical and honest physicians, the charges being backed up by documentary proof in the form of fac simile copies of letters from the pens of these two gentlemen.

Dr. Love is charged among other things with making an agreement with Dr. Paquin which was in effect that he (Dr. Love) would, for a consideration of \$200.00, prepare and read a paper before the

British Medical Association regarding Paquin's Anti-Tubercle Serum, a preparation which Dr. Love is said to have never used and of which he practically knew nothing. The charge is apparently substantiated by a fac simile copy of a letter to Mr. Milliken by Dr. Paquin, dated at Denver, in which the subject is mentioned, with price to be paid Dr. Love for the service.

Dr. Paquin is charged with resorting to unethical methods of advertising his Anti-Tubercle Serum, in proof of which is published a fac simile copy of the letters to Mr. Milliken from Dr. Paquin, in which the agreement with Dr. Love is mentioned, and in which Mr. Milliken is asked to give items to the daily papers regarding the Paquin Serum.

Dr. Paquin is further charged as follows: "That with ample funds at his command, he maintained and established a bacteriologic laboratory for a period of six months without an incubator; during that time horses were alleged to be immunized against tuberculosis, notwithstanding the fact that the books of the partnership at the date of the dissolution showed that for six months no money was spent for an incubator, or any fluid or substance of any character whatever that was used upon the animals to produce immunity against tuberculosis or any other disease. The temperature of these horses was neglected for weeks at a time, notwithstanding that they were being bled and their serum sold to the profession at \$6 per ounce, and labeled Dr. Paquin's Anti-Tubercle Serum." In support of this a fac simile copy of a letter from Dr. Paquin to Mr. Milliken is produced, as also the affidavit of the man in charge of the stables of the Paul Paquin Laboratories.

These disclosures, to all appearances abundantly sustained by documentary evidence, come as a surprise to the medical men who have looked upon Drs. Love and Paquin as physicians whose professional integrity and honor were unquestioned. To be guilty of such conduct as that attributed to Drs. Love and Paquin should bar the accused from the confidence and respect of all reputable medical men and prohibit them from maintaining membership in the recognized medical associations of the land. The fact that any man has occupied positions high in the confidence and trust of the medical profession should not react in his favor, but rather add to the disgrace attaching to the misdemeanor. Neither should the fact that there are other men prominent in medical circles who, if the truth was known, are equally guilty of unprofessional conduct

be an argument in favor of suspension of sentence. The honor of the profession demands that the unworthy be punished, and in the present instance unless the charges made can be satisfactorily disproven, then Drs. Love and Paquin are not only guilty of the gravest imposition upon the medical profession whose sanction they would obtain by false representations, but the general public, and particularly that portion of it suffering with tuberculosis, has been treated to an act of injustice almost criminal in nature.

A. E. B.

A PLEA FOR CANDOR, CARE AND ACCURACY ON THE
PART OF MEDICAL EXPERT WITNESSES;
A TEXT AND COMMENT.

So many reflections have been cast, especially by jurists, upon the credibility of medical expert testimony, that the writer feels that no occasion should be lost for urging such methods on the part of physicians giving testimony of this kind, as will tend to lessen or remove this odium. He was recently called as an expert witness to Marion, Ind., to testify on behalf of the plaintiff in a certain case. In the course of his examination he was asked whether a rib could be broken by muscular contraction, and promptly answered that it could. The question was really a subordinate one in the case, and little was thought of it at the time. A few hours later, however, the defense having opened their case, four physicians were successively placed upon the stand, and this same question among others was put to them. The writer was an interested listener to the testimony of his confreres, who were all highly esteemed, reputable and competent practitioners. When the first one of the quartet said that a fracture could not be thus produced, it was regarded simply as a difference of opinion. But when the second, and the third, and the fourth in succession positively swore that it could not thus occur, he began to wonder whether the fundamental principles of surgery had changed, or whether he might not himself be suffering from senile amnesia, or some other serious malady. At the close of the testimony the writer left the court room in a dazed sort of condition, and wandered into the office of Dr. Wm. Flynn, and in the space of about ten minutes succeeded, with his courteous assistance in finding the most positive and unequivocal support of the position that he (the writer) had taken on the wit-

ness stand. The following references happened to be the first to come to hand: Wyeth's Surgery, p. 299; Stimson, p. 311; Agnew, vol. I, p. 852; Ashurst, vol. IV., p. 82; Eves' Surgical Cases, p. 198.

With the numerous powerful muscles attached to the ribs and their slender and fragile form, the possibility of fracture occurring in this manner, although admittedly rare, would seem quite plausible as fractures elsewhere, produced in like manner. The fact is that medical literature, and the unwritten experience of many physicians can furnish numerous instances where no other explanation is possible, and where the assumption of osseous disease would be entirely gratuitous.

Of course these gentlemen have a perfect right to their individual views upon this, or any other question in surgical pathology, but one cannot help wondering at the unanimity of opinion occurring in four medical expert witnesses in regard to a question concerning which another medical witness had sworn directly to the contrary, two or three hours previously, a fact of which at least some of them were fully cognizant, as they were present. Ample time had intervened for them to consult standard writers and ascertain in the fact that their opinion was directly contrary to the accepted teachings of surgical writers. Possibly they did so and then decided to revise the code.

Now, as already stated, the question was entirely subordinate, and apparently inconsequential, and yet it seemed to the writer that, unless there were discoveries along these lines that he knew not of, and a complete upsetting of presumably established data, it was such an unanimous contradiction of accepted teachings as to justify an inquiry into its meaning.

The probabilities are that it was due simply to carelessness, and a failure to take the necessary time and trouble to ascertain the proper foundations of an opinion. But have we a right to be careless in such matters? There are enough questions about which there may reasonably be widely divergent opinions, without making matters worse by carelessly answering questions in a manner entirely contrary to established facts, and giving rise to the unjustifiable but openly expressed suspicion on the part of the laity that we are willing to accommodate our testimony to the views and interests of attorneys in any given case. No one more indignantly repudiates such motives on the part of himself or the estimable gentlemen above referred to, than the writer, but can we not, by

being more cautious, more painstaking, more frank in our admission that we do not know, if such is the fact, aid a great deal toward placing medical expert testimony upon the respectable plane where it belongs, but from which it has unhappily fallen.

The whole system of securing and introducing medical expert testimony is radically wrong, and is perhaps largely responsible for the existing conditions. Such witnesses should be the appointees of the court, and responsible to the court alone. But such is not the method at present in vogue, or likely soon to be, and in the meantime let us do what we can to regain the respect which has been largely lost in the eyes of jurists and the world.

G. W. M.

NEWS NOTES AND COMMENTS

A Chinese sage says stewed rats will cure baldness.

There were made in Harper Hospital during the past year 324 abdominal sections.

Smith (*Medical Record*) is quoted as saying that if a twelve months old infant has no teeth it is probably rachitic.

Mrs. McLubberty—The docther says yez hov a torpedo liver.

Mr. McLubberty (who is ill)—Howly powers! Did he tell yez whin ut is liable to explode?—*Omega*.

Dr. Henry E. Stehman, superintendent of the Presbyterian Hospital, Chicago, will temporarily fill the chair of professor of gynecology and obstetrics in Rush Medical College, recently made vacant by the death of Dr. Jas. H. Ethridge.

The Cleveland Journal of Medicine is authority for the statement that Philadelphia physicians have adopted the English custom of putting small sleigh bells on their horses. The reason is that that

city is now very largely paved with asphalt, and with the use of rubber horse shoes and tires so little noise is made that the bells are necessary to warn pedestrians.

Two hundred and thirty-four deaths from measles during the year 1898 are reported for the city of Philadelphia. The Board of Health has been urged to adopt stringent measures to prevent the spread of the contagion.

The Home Secretary has declined to grant the petition of the Peculiar People, asking him to modify the sentence of Senior, who was condemned to three months' imprisonment for allowing his child to die of bronchitis without calling a physician.

The *American Journal of Surgery and Gynecology* devoted the entire January number to contributions by women physicians. Even the editorial department was turned over to them, and the number has been fittingly called the woman's number. The contributors did justice to themselves and the periodical they represented.

Dr. Jno. S. Irwin, of Lafayette, Ind., formerly Superintendent of the Public Schools in Fort Wayne, has a letter in the *Journal of the Am. Med. Asso.* of February 18, 1899. While the doctor has not been in practice for many years he still retains his fondness for his first love. A few men like Dr. Irwin in our legislative halls would be a good thing for the commonwealth.

THE RISING OF THE MOON.—The *Western Medical Review* for September 15 informs us that on board ship a wife was trying to comfort her seasick husband and change the current of his thoughts.

"Darling, has the moon come up yet?" she asked.

"It has, if I swallowed it," was the weak-voiced reply.—*Doctor's Factotum*.

One year ago the New York State Legislature made an appropriation of ten thousand dollars for the purpose of enabling the Buffalo University to make certain laboratory experiments in the

line of treating cancer. A further sum of \$25,000 will probably be asked for this winter to equip the hospital. The institution will be conducted on the plan of the German Cancer Hospital at Berlin.—*Medical Record*.

The following officers were elected at the last meeting of the Western Ophthalmological and Oto-Laryngological Association, which was held at New Orleans in February: President, W. Scheppegegrell, of New Orleans; first vice-president, M. A. Goldstein, of St. Louis; second vice-president, H. V. Wurdemann, of Milwaukee; third vice-president, E. C. Ellett, of Memphis; secretary, Thad C. Ewing, of St. Louis; treasurer, W. L. Dayton, of Lincoln, Neb.

Arthur N. Taylor, in the *New York Medical Journal*, says that without a special contract to that effect the physician and surgeon is never considered as guaranteeing that he will effect a cure or even benefit his patient. A physician may, however, enter into such a contract by express agreement, providing that he shall be paid only in case he effects a cure, and such a contract when entered into will be binding, though no definite sum is named as the compensation for performing the cure.

Professor Nancree, of the University of Michigan, has recently removed a brain tumor containing eleven and two-tenths cubic inches, which had produced almost total loss of speech. It was necessary to remove a piece of skull three and one-half by three inches in order to reach the tumor. The patient, who came all the way from Portland, Oregon, to have the operation performed, promptly regained her speech and a permanent recovery is expected by the hospital authorities.

The bill before the House of Representatives providing for pay of a surgeon general retired, for Dr. W. A. Hammond, has been reported upon favorably by the committee on military affairs. Dr. Hammond, who was surgeon general of the army during the Civil War, was court-martialed in 1864 and dismissed from the service. In 1878 Dr. Hammond succeeded in having the Senate pass a bill setting aside the verdict of the court-martial, and President Hayes

then restored him to the rank of surgeon general and placed him on the retired list without pay. The present bill is made to give Dr. Hammond the pay to which the rank entitles him.

There is a movement on foot to organize an association in the District of Columbia, the purposes of which are to secure medical treatment on the club plan at \$5.00 a year. The head of each family is assessed five dollars annually and to this is added twenty-five cents for each member of the family. It is stated that the company will employ the best physicians of both schools, homeopathic and allopathic, and the best medicines and appliances will be used. It remains to be seen who are considered "the best physicians."

The President of the English Anti-Vaccination League has given notice that an international vaccination congress will be held in Berlin in June. In the meantime the German League has petitioned the Reichstag for the abolition of compulsory vaccination, but fortunately has not the slightest chance of succeeding. One of the apostles of the movement has just completed a two month's tour of the United States for the purpose of conferring with the leaders of the lunacy in America. It is intended to send some American delegates to the Berlin Conference.—*Medical Record*.

The February number of the *Indiana Medical Journal* is largely devoted to the subject of smallpox, and the subject is given consideration from the fact that several cases of smallpox have recently developed within the State, and the spread of the anti-vaccination fad makes it the duty of all medical journals and medical men to present anew the arguments for vaccination. The *Journal* gives an account of the various smallpox epidemics occurring within the State within the memory of the present generation of physicians, a short history of the Montreal epidemic, and a leading article by Dr. Chas. E. Ferguson on the symptomatology, diagnosis and treatment of the disease.

The *Medical Record* says that the board of health of Syracuse has determined that hereafter all the herds whence the milk supply of the city is derived shall be kept under municipal supervision, and that all dairy animals shall be examined by a physician at least

twice a year. A round aluminum tag is fastened to the ears of the healthy animals and an oblong tag to those of the diseased ones. The latter are placed in fields and barns separate from the uninfected cattle, and the owners are warned under threat of penalty not to sell the milk from such cows. The board has also ordered that the milk dealers must use metallic milk tickets or furnish new paper tickets at each sale, the purpose being to lessen the likelihood of the spread of contagion.

Several of the police magistrates of New York City have refused to require witnesses to kiss the Bible in taking oaths, believing that the practice frequently results in conveying infection. An instance is cited wherein death was said to have resulted to a young girl who contracted her fatal malady from the cover of the court Bible which she was compelled to kiss, and which had been handled and kissed by persons innumerable. Her lips, it is said, were chapped and were noticed to be slightly bleeding at the time that she was in court. The action of the judge is commendable, inasmuch as it is well known that the ordinary court Bible becomes thoroughly filthy, and as such is a medium for the communication of infectious diseases. He is to be congratulated for his stand in advocacy of the cause of cleanliness and hygiene.

Dr. Chas. M. Phillips, in the February number of the *Medical Bulletin*, reports a successful Caesarian section resulting in recovery of the mother and birth of two male children which were alive at the time of the report, some six or eight weeks following operation. The operation became necessary in consequence of prevention of normal labor by the presence of a large solid fibroid tumor of the body of the uterus, involving the whole of the posterior cervix and right side from the fundus to the cervix and extending down behind the cervix into the pelvis. There was a smaller fibroid tumor on the left side of the uterus about the size of a small apple. The uterine tumor was nine inches in length, seven inches from side to side and five and a half inches antero-posteriorly. The mother was discharged from the hospital four weeks after operation.

A bill has recently been introduced in the New York State

Legislature providing for the appointment of a state commission to investigate the nature and value of vaccination and other orrho therapeutic and prophylactic measures. The commission will consist of five members, two of whom must be appointed by the governor. The State Board of Health is to recommend to the governor the name of some person in favor of the use of vaccination, anti-toxin and other serums as prophylactics, and the Brooklyn Anti-Compulsory Vaccination League of Kings County will recommend some one who is opposed to the administration of vaccine and of serums. The other three members of the commission must be persons who have no fixed opinion upon the subjects to be investigated. The commissioners will hold office for two years and will receive a salary of \$3,500 per annum, and during their term of office they are forbidden to engage in any other business, but are to be allowed a vacation of six weeks in the summer. The appropriation to carry out the provision of this act is fixed at \$35,000.—*Medical Record*.

Dr. E. E. Haughton, of Richmond, Indiana, published an article in the *American Journal of Surgery and Gynecology* under the title of "The First Total Hysterectomy in America," in which he would have the medical profession understand that he performed the first total hysterectomy for fibroid in America. Inasmuch as the operation was supposed to have been performed in 1876 it seems strange that the fact was not made known for over twenty years. As the credit for the first total hysterectomy has heretofore been given to Dr. Mary A. Dixon Jones, of New York City, for operation performed on Feb. 16, 1888, there seems to be some doubt as to the correctness of the report given by Dr. Haughton. In the January number of the *American Journal of Surgery and Gynecology* appears an article by Dr. Mary A. Dixon Jones in which Dr. Haughton's claim is thoroughly discussed and its accuracy doubted. The article abounds in keen criticisms and will be read with much interest by medical men who are interested in surgical history, and particularly by Indiana physicians, many of whom are personally acquainted with Dr. Haughton.

At the meeting of the Allen County Medical Society held on Tuesday evening, February 7, Dr. W. H. Myers presented a paper

upon "The Christian Science Fallacy," in which he quoted largely from the published theories and ideas of Mrs. Eddy, the founder of metaphysical science, and offered evidence opposed to the truthfulness of such ridiculous teaching. Dr. Myers suggested the freer use of the public press in refuting the arguments which these pretenders put forth, believing it to be the duty of all educated and progressive physicians to inform the public regarding the fallaciousness of such reasoning, the harm attending the adoption of such principles, and the necessity of punishing such pretenders who profit by the confidence of the ignorant and credulous.

Dr. Laberge, at a session of the committee on medical studies of LaVal University, Montreal (*L'Union Medicale*, January), stated that since assuming the direction of the Civic Hospital he has treated up to the first of July last 571 cases of diphtheria. Most of the children were brought to the hospital several days after the beginning of the malady. Out of the number of cases treated 77 were lost, 31 of the patients dying within thirty-eight hours after their admissions. In the treatment of these cases the Roux serum has been largely used with uniformly good results. Since the 1st of November the American serums, particularly the Mulford serum, has been employed, owing to a lack of supply of the Roux serum. In 17 cases of diphtheria treated with Mulford serum in doses of one thousand units the results were very bad. Five patients died, nine have had pronounced kidney troubles, three suffered from swelling of the joints, and finally the majority of the patients suffered from very painful generalized eruptions. Dr. Laberge says in conclusion that the results obtained have been so different from those following the use of the Roux serum that he deems it his duty to inculcate in this unfortunate series not serum therapy but the serum employed.

Medicine publishes the following as a story from Dr. Frank S. Billings, who discusses the responsibility of the Christian Science healer under the law in the *New York Times* of January 6, 1899:

"Mrs.....was the wife of a clerk. Her mother was a maniacal Christian Scientist. When it came time for Mrs..... to be confined, the husband was told he might go to his business, and the mother (mother-in-law) took the case in hand, aided by a

Christian Science healer. The poor girl began to suffer, and the woman put a Bible on her abdomen and told her that her pains were all imagination, that the Lord never gave people pain, and so on *ad nauseam*. The agonies of that poor child must have been terrific, for neighbors heard her screaming and begging for a physician, but these Christian fiends never let up. Finally the pain stopped; no further screaming was heard. The reason was that the child had ruptured the womb and was in the abdominal cavity of the mother. Then there was rushing in mad haste. The husband was sent for; the physician was sent for. But too late! The woman died of hemorrhage and the child choked to death. Two murders! But were these women prosecuted? Not a bit of it! Public sentiment was entirely on their side, and no official dared to issue a warrant. 'It was God's will to take his dear ones that way,' said the minister (not a Christian Scientist) at the funeral."

Dr. Jas. H. Ethridge, the well known gynecologist, died at his home in Chicago on February 9th, from fibrous myocarditis, the result of coronary sclerosis. Dr. Ethridge graduated from the Rush Medical College in 1869, after which he located in Evanston, then as now one of Chicago's beautiful suburbs. After about two years of practice here he went to Europe, devoting much time to the hospitals, particularly those of London and Paris. Returning to Chicago in 1871 he continued his practice uninterruptedly until the time of his death. Upon the death of Prof. Byford Dr. Ethridge was promoted to the professorship of gynecology, which chair he held up to the time of his death. On the death of Prof. Knox, Dr. Ethridge was asked to fill the chair of obstetrics, a position he also filled in connection with gynecology at the time of his death.

Dr. Ethridge was widely known as an operator, and the number of operations and results attained placed him in a position to be accorded one of the eminent gynecologists of this country. As a teacher he was popular through his happy way of presenting the practical lessons which he desired every student to thoroughly understand. Among positions of honor filled were the following: President of the Chicago Medical Society, of the Chicago Gynecological Society and a founder and life member of the International Association of Obstetricians and Gynecologists. He was attending physician to St. Luke's Hospital, attending gynecologist to the Presbyterian Hospital, consulting gynecologist to the St.

Joseph's Hospital and Professor of Gynecology of the Chicago Polyclinic.

The *Medical Age*, published in Detroit, Michigan, was recently sued by Wm. Smith, an osteopath, for \$25,000 damages as previously announced in the columns of the JOURNAL-MAGAZINE. The following resolutions passed by the Tri-State Medical Association of Mississippi, Arkansas and Tennessee, at its last regular meeting, is a fair sample of the kind of support that the *Medical Age* will have from the medical profession as a whole:

Whereas, The medical laws of the various states have been so perverted by political influences as to give legislative sanction to grotesque, ignorant and dangerous sects of pretenders and charlatans; and

Whereas, The privileges granted to one of the most outrageous abberations, namely, the so-called Osteopathy, constitute a disgrace to the States in which the "osteopathists" are legally entrenched; and

Whereas, A certain William Smith, osteopathist, having been roundly denounced, together with his sect, by Parke, Davis & Co., and the *Medical Age*, now brings suit against both for \$25,000.00 damages; therefore

Be it declared the sentiment of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, that Parke, Davis & Co., and the *Medical Age* are entitled to the sympathy of its members and of all medical practitioners; that we wish and expect them to enjoy a complete triumph in repelling this legal assault; and that wheresoever a powerful house takes a bold stand in opposition to quackery it promotes the interests of legitimate and honorable medicine and the welfare of humanity.

The bicycle now forms a part of the equipment of nearly every physician engaged in active practice. Many physicians practising in the cities have disposed of their horses and carriages and depend exclusively upon the bicycle and street cars for transportation to and from patients, and others who feel the necessity of yet retaining horses and carriages, with the expense attached thereto, find the bicycle almost a necessary convenience in adding to quickness and ease with which calls may be made. Added to the practi-

cal utility of cycling in connection with professional work is the exhilarating pleasure which most physicians appreciate.

The improvement in machinery and other increase in facilities, the lowered cost of material, and the keen competition have resulted in a striking reduction in the price of bicycles so that it is now possible to purchase a first-class wheel at about one-quarter of the price charged even three or four years ago. In this issue of the JOURNAL-MAGAZINE appears the "ad" of a bicycle factory in which a fully guaranteed wheel is offered at the reasonable manufacturer's price of twenty-five dollars. The manager of the concern informs us that no wheel made contains any better material or is more carefully constructed as far as utility and durability is concerned than that offered our readers, and that the excess in price over and above the amount charged for this wheel must in any wheel go for "finishing touches" which neither add to quality or utility. So far as we can see the wheel offered our readers, of which thousands are being manufactured annually and sold by the largest and most reliable jobbing houses in the country, looks nearly as well as some of the so-called "high class" wheels which sell for more money owing to the entailed expense in adding extra trimmings, advertising and other costs required in placing the wheels into the hands of consumers.

The generally accepted theory of "catching cold" has received some rather severe blows in consequence of the interesting report of Nansen and his companion who, during the three years that they were in the Arctic regions, never caught a cold, were exposed to cold, fatigue and wet feet, and generally wet to a degree which in one who lives in a warm house cannot realize. Nansen and his comrade on an expedition on foot over the polar ice wore, day after day, clothes that were so saturated with perspiration that they froze by day into a solid mass of ice. At night when they got into their sleeping bags, to use the correspondent's exact words, "the first hour was spent in thawing; they lay shivering, until their clothes became wet and soft and eventually comfortable and warm." Yet these men, exposed in this way, never got cold, nor did their health suffer in any way from the exposure. They were able to withstand the cold in the Arctic regions, but when they reached civilization, they all caught cold. Referring to this fact Nansen

says "there is, of course, no doubt that cold is an infectious disease." An Arctic summer is said to be exceedingly damp. Wet feet are a chronic experience. Six men in Franz Josef Land were exposed to a gale in a boat for three days and three nights, and were, of course, drenched to the skin. When they got to shore they had to remain in their wet clothes, and they let them dry upon their bodies, yet none of them took cold.

On a rocky lonely island, forty miles beyond the Western Hebrides, there are nearly one hundred inhabitants who keep a few sheep and cows, covering forty acres of ground, collect eggs, feathers and young of the sea fowl. Eight months of the twelve they are inaccessible. During the summer ships call there from Liverpool and Glasgow. When a ship does reach the island all the inhabitants, including the babies, are seized with a cold. Dr. Samuel Johnson is said to have been interested in this fact, when he and Boswell were making their famous tour of the Hebrides.

From this it may be argued, and we believe correctly, that cold is an infectious disease, only prevalent where man, and perhaps only where civilized man exists. In some favored spots when it occurs it rapidly becomes extinct. The benefit to consumptives on sailing vessels when making a long voyage may be dependant upon this cause. Exposure is not the direct cause of the disease, though it acts by lowering the vital power and thus enabling the germs to get a foothold. It is to be hoped that bacteriologists will discover the hostile microbe that is responsible for colds, learn his habits, trace his life history and track him to his lair.—*Abst. Post-Graduate.*

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics,
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

RECTAL TEMPERATURE.—Unless the bulb is inserted a distance of ten centimeters, the temperature is inconstant and varies with the distance inserted, in children. The difference between the rectal and axillary temperature is .5 to .8 degree C.—*Deutsche Med. Woch.*, January 27.

TOXICITY OF URINE IN SKIN AFFECTIONS.—Colombini states that the toxicity of the urine is diminished by more than half in eczema rubrum; evidently the toxins are eliminated by the skin in these cases, which explains the dangers of a sudden cure of an eczema of this kind. He also suggests that the eczema may be due to the non-elimination of the toxins by the kidneys. In other cutaneous affections suppressing the functions of the skin, the toxicity of the urine is increased. In both cases the urine returns to normal after recovery from the dermatosis.—*Presse Med.*, January 25.

THE TOXIC EFFECT OF BORIC ACID.—Evans (*British Medical Journal*, January 28th) reports a case in which, after about three weeks' use of boric acid in increasing doses of from ten to twenty grains three times a day, for cystitis, an erythematous rash appeared on the neck, face and head, and was followed by some subcutaneous oedema and a fine scaly dermatitis. The salivary glands began to enlarge and subsequently the man became perfectly bald. It was six weeks before there was any growth of hair. The author has observed the milder of these effects in a number of other

cases, but has always been able to prevent baldness by stopping the administration of the drug.

THE INFLUENCE OF AUTOINTOXICATION IN THE PRODUCTION OF EPILEPSY.—Weber (*Munchener medicinische Wochenschrift*, No. 26, 1898). The views regarding the occurrence of epilepsy may be arranged as follows: The symptom-complex of this affection results from some disease of the cerebral cortex, in the production of which three elements are operative: (1) Hereditary taint; (2) personal predisposition, the result of injurious influences which may affect the nervous system at any time after birth; (3) a periodically recurring exciting cause, which, through irritation of the predisposed cortex, results in the occurrence of the epileptic seizures. Clinical observations, the results of investigations into metabolism, and pathologic anatomic findings, show that poisonous products of disturbed metabolism have considerable bearing upon the second and third of these elements. Little is known as to the nature of these poisonous products; in some cases the offending agent is supposed to be carbonate of ammonium, resulting from urea. In the therapeutics, therefore, attention should be directed to dietetic regulations, which would influence metabolism and permit of the ready discharge from the body of these poisons. In addition, however, the administration of the bromides is of the utmost value.—Tyson in *University Medical Magazine*.

THE BACILLUS OF DYSENTERY.—K. Shiga, of Tokio, found constantly in the intestines of every case of dysentery examined, a short bacillus with rounded ends, staining with methylene blue, but not with Gram, moderately motile, no flagellae, and no spore formation noticed; does not liquefy gelatin; thrives best on alkaline medium at body temperature. This bacillus was found more or less numerous in thirty-four cases of dysentery, associated with the bacillus coli, with cocci of all kinds, and in five cases with amebae. It was also found in the walls of the rectum and colon in fresh cadavers, sometimes in the mesenteric lymphatic glands, never in spleen or liver. On gelatin the round white pin-headed colonies appear granulous and yellowish under the microscope, the center rapidly growing darker. In stab cultures the entire canal is lined with the white colonies. There is no development of gas in sweetened agar.

On potato the colonies grow dark yellow. It produces intense cloudiness in bouillon in twenty-four hours, but no scum nor indol reaction. Experiments to obtain immunity and secure an immunizing serum (Kolle's method) were successful. He injected into himself some dead cultures in the same way, producing violent inflammation and an abscess, evidently caused by the toxins, as no live bacilli were injected or found, and he had the satisfaction of finding that his serum possessed pronounced agglutinating and immunizing power.—*Col. f. Bact., Paras. u. Inf.*, 1898.

A CASE OF GENERALIZED EPILEPSY, WITH DEATH DURING AN ATTACK; YELLOW SOFTENING AND AN OSTEOPHYTE FOUND ON AUTOPSY.—M. Devay (*Lyons Medicale*, January 1st) reported to the Society of the Medical Sciences of Lyons the case of a man, a painter and plasterer by trade, eighteen years of age, epileptic from his eighth year. The attacks, rare at first, had not interfered with his intellectual or physical development. He was about five feet four inches in height, and carried the head habitually bent forward. His physiognomy expressed some hebetude. He could read and write fluently without errors of orthography. His memory was good. M. Devay was present during several accesses, which were always of the same fashion. He always fell forward, and his face showed numerous traces of his falls, which took place without any cry, but with pallor of countenance. Convulsions, at first tonic, then clonic, appeared, and were always generalized. They were often accompanied by involuntary micturition and biting of the tongue. There was no aura. There were neither motor nor sensory troubles. The heart was normal, the genital organs well developed, and there was no lung trouble. The crisis had reached the number of sixty-two in a month, though they fell later to twenty-three. He had been treated first with large doses of bromides (salt not specified) without any improvement, and subsequently with oxide of zinc in daily amounts of from three to six grains, without effect. The drug was well tolerated. The substitution of powdered ipecacuanha in progressive doses, rising from one thirty-third of a grain to three grains daily, was equally without result. This treatment was continued up to the time of death without provoking nausea.

At the autopsy the thoracic and abdominal organs were found

normal. The brain showed no adhesions save at point in the left hemisphere at the union of the inferior parietal convolution with the first temporal. At this level there existed a depression the size of a fifty-centime piece, of the color of yellow ochre. On passing the finger over this focus of softening, after removing the cortex, the presence of a hard spot was determined. When caught with a forceps this hard body clung tenaciously to the brain substance, into which it seemed to send processes. The body was found to have the shape of an irregular pyramid. It was hard, glistening, and gave to the touch the sensation rather of bone than cartilage.

The author says that the autopsy presented the following points of interest: 1. From the view point of cerebral localizations the softening situated in the vicinity of the centers of verbal blindness and verbal deafness, and more especially at the level of the centres of movement of the upper eyelid, was not revealed in life by any clinical symptoms. It may be supposed that these were convulsive movements of the upper eyelid at the beginning of the crisis, but the patient falling always on his face gave no opportunity of establishing this. 2. The existence of generalized epilepsy in association with a localized cortical lesion. 3. The existence in the zone of softening of a foreign body of osseous appearance and consistence, whose discovery was a veritable revelation of the autopsy.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

THYRO-IODINE IN DELAYED UNION OF FRACTURES.—Quenu (Abstract in *Monthly Cyclopedia*, Feb., 1899) speaks well of the use of thyro-iodine in delayed union of fractures. He relates two cases in which it was used with success.

PREMATURE LABOR, INDUCTION OF.—Spinelli (Abstract in *Monthly Cyclopedla*, Feb., 1899) advises the following method in induction of premature labor: Dilation of the cervical canal; introduction of finger, rupture of membranes; insertion between the

membrane and the uterine wall, guided by the finger, of a strip of gauze impregnated with glycerolate of ichthyol; packing of vagina with sterile gauze. Labor usually occurs within ten hours.

DIAGNOSIS OF PERITONITIS.—Tenderness of the abdominal region is the principal symptom of inflammation of the peritoneum. A very useful sign is also persistence of the peristaltic movements of the intestine in ileus, and their more or less complete arrest in peritonitis as is easily ascertained by auscultation of the abdomen. If, in certain cases of peritonitis, intestinal movements persist, they are invariably less marked than in ileus. Cases which present real difficulties in respect of diagnosis are those in which peritonitis is associated with intestinal obstruction. Korte, *Doctor's Factotum*.

THE DANGER POINT IN ANESTHESIA.—As anesthesia progresses the corneal reflex is abolished and the pupil contracts to a point. The moment the pupil reaches this point, says the *Journal de Med. et de Chir.*, the anesthesia is profound and the chloroform should be suspended. If the pupil begins to dilate again slowly and gradually, more chloroform will reduce it again to a point. But if it suddenly dilates rapidly, this is a signal of impending immediate collapse, and every effort should be made to facilitate respiration.—*Med. Times*.

PRURITIS ANI.—Matthews (*Love's Medical Mirror*) says he believes that pruritis ani is a disease of the peripheral nerves and that it can be cured by dividing these nerves. He relates two cases, one cured by the cautery, and one by removal of the skin for a radius of three inches around the anus, together with nearly an inch of the rectum. The wound in the latter case was left to heal by granulation. The bleeding was stopped by twisting. He prefers the knife to the cautery. The operation should not be done on tubercular patients. The operation should be done in persistent cases only.

CARBOLIC ACID GANGRENE.—Housell, of Tübingen (*Annals of Surgery*) has been investigating the subject of gangrene from the use of carbolic acid. A 1 or 2 per cent. solution can produce gangrene. The gangrene from carbolic acid has peculiar character-

istics. It comes on usually without pain. This action of carbolic acid is favored by lack of evaporation. The author thinks the gangrene due to subcutaneous oedema, which often occurs in the toes and fingers where the tissues are unyielding. He concludes that carbolic acid should be dispensed with in the dressing for the extremities "in any and all strengths."

COMBINED EXTRA AND INTRA-UTERINE PREGNANCY.—C. Jeff Miller (*New Orleans Med. and Surg. Jour.*, Jan., 1899) reports a case of the combined extra and intra-uterine pregnancy occurring in a colored woman. The doctor was called to attend the woman for a miscarriage at three and a half months. About four hours after the delivery of the foetus and secundines the patient was seized with severe pain, vomited and went into collapse and died two hours later. The abdomen was rigid, tender and dull on percussion. A fluctuating mass was felt to the left of the uterus. Autopsy revealed the left fallopian tube ruptured and among the blood clots in the pelvis a foetus three and one-half inches long. Altogether 45 cases of combined intra and extra-uterine pregnancy have been reported. This condition should be suspected when sudden internal hemorrhage or tumor of rapid development complicates pregnancy. The condition is always a grave one.

TOPICAL USE OF ALCOHOL IN PUERPERAL INFECTION.—Geo. H. Noble (*Georgia Journal of Med. and Surg.*, Oct., 1898) speaks highly of the topical use of alcohol in puerperal sepsis. It is equally useful in saprophytic and pus-producing infection. It can not cure save in cases where the infection is confined to the cavity of the uterus, the mucosa, and thrombi in the ends of the vessels. The method is as follows: "After thoroughly cleansing the uterine cavity introduce a sterile rubber catheter which has had previously attached to its tip a strip of sterile gauze about an inch wide and two yards long, then carefully insert the gauze around it, taking care not to pack tightly, as the object is to act as a retainer for the alcohol, and not as a drain or tampon. A few drams of 95 per cent. alcohol is injected through the catheter every fifteen to thirty minutes until marked improvement has taken place, and the intervals are increased as the case improves. The projecting end of the catheter must be kept thoroughly buried in antiseptic gauze." The

dressings is left for from five to eight days or longer in severe cases, except when coagulation interferes with drainage when it should be changed. Good results are reported. Any nurse can carry out the treatment after the dressings are in place. It may be used in connection with other methods of treatment, such as the serum treatment and surgical procedures for the evacuation of pus.

SOME REMARKS ON THE SURGICAL TREATMENT OF ACUTE INFECTIONS OF THE UTERUS.—Dr. E. C. Dudley (*Clinical Review*, April, 1898) states that when the systemic condition is grave and the nervous system shows profound ptomain poisoning, a large proportion of cases under any treatment will terminate fatally. The following important questions arise:

1. Is there simple absorption into the circulation from some focus of decomposition in the uterus? Is the toxemia due to the products of a decomposing foreign body, such as a clot of blood, a fragment of placenta, etc.? If this is the case the indication is clear and imperative to remove the putrefying mass, wash out the endometrium, and establish drainage.

2. Is the uterine mucosa the seat of an infection and is it the distributing point of bacteria to the appendages and peritoneum?

3. Have pus emboli been carried through the circulation from one focus of suppuration to set up other foci in different parts of the body and thereby produce metastases above?

If the second and third questions be answered in the affirmative it is then necessary to decide whether the infection has extended beyond the uterus, for if it has extended to the other pelvic organs surgical treatment of the intra-uterine infection alone would be useless.

Milder cases may be left to palliative and expectant treatment. The graver cases have, in most instances, passed beyond the range of intra-uterine treatment before the question of operative interference is forced upon the surgeon.

What surgical measures, if any, should be used to prevent the spread of dangerous acute uterine infection which is still nearly or quite confined to the uterus?

A thorough curettage with a sharp curette is recommended. This measure, however, should be limited in its application. The only cases in which it should be performed are those which will otherwise result in dangerous spreading of the infection.

All admit the practical difficulty, not to say impossibility, of selection so as to limit the operation to those infections which are really dangerous and still confined to the uterus. It is questionable whether the cause of grave puerperal, gonorrhoeal, or traumatic infection is often arrested by the procedure, and yet the operation has repeatedly given rise to fatal results. On the other hand, expectancy and palliation will often be rewarded by the subsidence of grave symptoms and final recovery. There can be for a surgeon no greater cause of regret than the fact that he has exhausted the resisting forces of his patient by a dangerous and questionable measure, which in itself may have contributed to the necessity of a more radical operation, and that while by an inefficient operation he has been lulling himself into a sense of false security, the infection has been gaining irresistible force. If urgent indications arise the only hope of recovery may be in abdominal or vaginal section and drainage, or the removal of the infected uterus, together with its appendages.—*Am. Gynecol. and Obs. Journal.*

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

COCAINE IN CHERRY LAUREL WATER.—Cocaine and cherry laurel water are incompatible from the fact that the cocaine becomes precipitated in the form of a cyanide, cherry laurel water, as is well known, containing hydrocyanic acid.—Ex. G.

PHARMACY LEGISLATION.—The medics, or physicians, of this state have enjoyed (?) the protection of a medical law for nearly two years, and it now seems probable that the emetics, or druggists, will soon revel in the same luxury. *Requiescat in pace.*

DANGER IN CHLOROFORM.—When chloroform is administered for the purpose of an anesthetic in a room where gas light or lamp light offers the illumination, chlorine gas is liberated and is soon detected by its irritating odor, and unless proper ventilation is secured may be dangerous to the patient.

RED CARBOLIC ACID.—The change of color sometimes noticed in carbolic acid, in which the acid assumes a pink or red hue, is due to the formation of rosolic acid caused by the combined action of light and exposure. This change in the appearance does not materially injure the acid for antiseptic purposes.

SOLIDIFIED FLUID EXTRACTS.—Physicians are sometimes puzzled as to the cause of fluid extracts gelatinizing. This condition is especially noticable in Fluid Extract of Senega, and is due to the large quantity of pectin contained in the root. Warmth applied to such a gelatinized product will usually restore it to its original fluid condition. At times it may be necessary to add a few drops of aqua ammonia to obtain similar results.

WHAT IS MEANT BY 10 PER CENT. IODOFORM GAUZE?—When a substance is supposed to contain 10 per cent. of any medication, it has been customary to infer that 10 per cent. of its weight or measurement was intended. This theory, however, does not always obtain, and in the case of medicated cottons and gauzes it has been ascertained that instead of containing 10 per cent. weight, it was merely saturated with a 10 per cent. solution of the medication.

While the term 5 or 10 per cent. may be admissable in such cases, it nevertheless clearly remains an imposition on the confiding surgeon and practitioner.

A COMMON ERROR IN PRESCRIBING POTASSIUM IODIDE.—The *Philadelphia Medical Journal*, February, calls attention to the fact that the best method of administering potassium iodide is in the form of an aqueous solution in which one drop represents approximately one grain of the salt. To prescribe the two ounce for ounce results in a solution measuring eleven fluid drams, and one drop of this necessarily contains less than one grain of the iodide. To overcome this it is suggested that one ounce of potassium iodide be dissolved in five or six drams of hot water, sufficient water afterwards added to bring the quantity up to eight drams. This always results in a solution representing one grain to each minim and approximately one grain in each drop. Prescribed in this

CREOSOTE IN OZENA.—I. R. Creosote).
Glycerin) of each..equal parts

And

2. R. Creosote 75 grains
Alcohol at 70 per cent.....150 grains
Glycerin600 grains

The above is recommended by Ferrari as treatment for ozena to be applied to the tissues, after cleansing, on alternate days.—*N. Y. Med. Jour.*

EPISTAXIS.—Dr. Gillette, *Canadian Practitioner*, recommends the use of peroxide of hydrogen,—a teaspoonful or more in full strength, injected by means of an ordinary syringe, as a remedy for epistaxis, claiming the relief to be immediate. In operations in the nasal cavity when bleeding obscures the vision, injection of peroxide of hydrogen will check the hemorrhage, and if the patient be asked to blow the nose the field will be found to be clear again.

RED SPECTACLES FOR SEA-SICKNESS.—*The Medical Record*, quoting the *Scientific American*, says that bright red spectacles accompanied by internal doses of calomel form a new German specific against sea-sickness. It is deduced from Epstein's investigations on the influence of color on the blood-vessels in the brain. Sea-sickness is due to lack of blood in the brain, while red sends blood to the brain with a rush. By looking at one point for some time through the red glasses the patient is cured radically.

SHOT WOUNDS OF THE EYE.—Conservative treatment of shot wounds is recommended from the fact that much less danger is to be apprehended than usually supposed. The shot is always aseptic after the explosion, and the lead does not *per se* irritate the tissues. Secondary inflammation is most to be feared and this can be reduced to the minimum by suturing the tiny hole where the shot enters after an excision in the shape of a small long ellipse. The wound heals in two or three days and thus shortens the danger period materially.—*Jour. Amer. Med. Asso.*

SALICYLIC ACID FOR GRANULAR CONJUNCTIVITIS.—A solution containing thirty grams of salicylic acid to thirty grams of a

sixty per cent. solution of alcohol is recommended as effective treatment for granulous conjunctivitis, even those in which there is vascularization and infiltration of the cornea. The remedy is applied by means of a tampon moistened with the solution. The pain is sharp at first, but soon passes away. The cornea tolerates the acid without difficulty. The applications are repeated every day at first then diminishing to once a week, according to the results obtained.—*Jour. American Med. Asso.*

TO ABORT A COLD.—Max Nassauer asserts that an incipient cold in the head can be checked every time if the nose is thoroughly rinsed out with a weak solution of potassium permanganate, which seems to have a specific action upon the germs causing the trouble. He checks colds in the first hour or so, and thus escapes all the catarrhal and bronchial annoyance that follows in their train. Both nostrils are rinsed out thoroughly with a weak solution, and it is even advised that pledgets of cotton saturated with the solution be allowed to remain in the nostrils for a half hour or more if possible. Even established colds are favorably influenced by this treatment. He concludes by considering a cold in the head a highly contagious affection.—*Abst. Jour. Amer. Med. Asso.*

TECHNIQUE OF ADENOID OPERATIONS.—Dr. J. Holinger recently presented a paper before the Chicago Medical Society, in which he stated that a certain number of adenoids will recur after operation. They are those cases in which those causes which originally brought them about persist after operation. Another cause for recurrence Dr. Holinger sees not so much in faulty instruments as in the position in which the head is held at the operation. He advises to bend the head forward until the chin rests on the chest, then he presses the Gottstein knife perpendicularly upward, while steadying the head with the left hand. The advantage of this over any other method is that the angle of the base of the skull with the vertebral column is converted into a regular, wide-open curve, which allows a more radical operation than with any other instrument. Another advantage is that the blood as well as the masses of the tumor will not get down the larynx or esophagus, but fall out through the mouth or nose.

BOOK REVIEWS.

THE MEDICAL NEWS POCKET FORMULARY FOR 1899.—Containing sixteen hundred prescriptions representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, \$1.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

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The book represents the collective experience of the profession and will prove of value to any physician who cares to go beyond individual thought in the selection and combination of therapeutical remedies.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS.—A manual for the use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL. D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School, etc. Fourth revised edition, with numerous illustrations, including photo-engravings and colored plates. Philadelphia, New York, Chicago. The F. A. Davis Company, Publishers. 1898.

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both an endorsement of it by the profession, and a flattering comment upon the increasing prevalence of thorough analysis of urine by a large class of practitioners. There has been a very careful revision, with a number of important modifications of various methods, but without materially increasing the size of the volume. Among the additions in this volume is an illustration and description of the Westphal Balance for the quantitative estimation of sugar by differential density after fermentation. With this apparatus this method can be made very exact, its only drawback being the amount of time required. With the author's revised formula of the modified Fehling solution, and percentage tables, which I have found by control experiments to be very accurate, the slow and tedious fermentation process can be dispensed with for routine work.

The author also gives the details of the rules and methods which his long experience has led him to adopt, in searching for albumen in the urine. He recommends the sodium chloride and heat test as being the best for the busy practitioner, who feels compelled to limit himself to one method.

Among other additions is an illustration of a little instrument, constructed by the author on the plan of an egg-beater to thoroughly disintegrate and break up sputum, or other material intended for sedimentation.

There is no better work extant for the average clinical worker than this. Simplicity of method, without going into the niceties of technical detail farther than is of practical interest to the clinician, has been the evident purpose of the author, faithfully carried out. It is a book which should be in the hands of every general practitioner, to be used as a guide in the simpler methods of chemical investigation, which he must necessarily carry out in his routine work.

G. W. M.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

THE REVIVAL OF THE DEAD.

By Wm. P. Whery, M. D., F. R. C. P., LL. D.

Professor of Hygiene and State Medicine and Emeritus Professor of Gynaecology in the Fort Wayne College of Medicine.

The work of the medical profession is to combat the destructive incidents that tend to the dissolution of the organism. The especial triumphs of medicine and surgery are derived from the cases that are snatched from the very jaws of death. And the great therapeutic desideratum is to discover the surest and most positive measures to rescue a patient *in extremis*.

Wherever there is a recognized want the fertile brains of inventors are active in finding some method of supplying it. And when the resuscitation of the dying or dead is acknowledged to be a practical desideratum there will be discovered some method or methods to meet the demand.

In surgery there are several epoch-making inventions that combat imminent death. For instance, the ligature, anaesthetics and antiseptics, with perhaps intubation and skiagraphy. In medicine, we reckon vaccination, venaesection, antitoxin therapy, artificial respiration, oxygen inhalation, transfusion, and hypodermic

injections of heart stimulants. Thus it is evident that the field is being worked to some extent with success; but one would be very rash to suppose that the last method to rescue the dying has yet been discovered.

*

Every worthy practitioner of medicine values above pecuniary reward or fame the satisfaction that he derives from the saving of human life. When the suspense of a critical case, long balancing between life and death, is happily over, the patient and his friends do not experience a sincerer joy and thankfulness than does his faithful medical attendant. How great a triumph of science it would be to be in a position to say to the stricken one, "You shall not die; medical science has still sure resources to save you."

Every day the miracle of saving the moribund is wrought; and every practitioner reckons such events among the incidents of his practice. But the public, being unaware of the scientific difficulties of therapeutics, give scant acknowledgment of these astonishing feats of medicine. They are so frequent that they are unappreciated. And it is only exceptionally that the doctor is granted the honors of a victory over most adverse conditions.

In the ancient legend of Aesculapius, it is told that he resuscitated so many dead or dying persons that the gods destroyed his life to prevent the depopulation of the kingdom of Hades. Yet this very work of snatching human lives back from the waves of the Dark River is the daily and hourly occupation of the faithful disciples of Aesculapius all the world over.

Cases that come to the doctor for treatment are of two kinds—those that are merely local and comparatively trivial, and those that affect the whole system or are lethal, threatening it with death or an incurable fatality. It is this latter class of cases that I desire to discuss, for these are worthy of the supreme attention of the whole medical profession. These are the cases that scientific research should follow up and bring within the domain of positive therapeutics. It is unquestionable that the medical art has made vast strides toward the successful treatment of curable cases, no matter how difficult or dangerous they may be. But we should not rest satisfied yet. A great deal more remains to be done. Further advances must be made. And who knows but that the mantle of Aesculapius may fall on the profession of the twentieth century. There is an unexampled activity in medical circles at the present hour. Societies meet and papers of a high quality are read. Bene-

ficent donors endow lectureships that generally tend to the advancement of knowledge. Laboratories are filled with investigators whose brilliant work is rapidly raising medical science to a very high plane. The ways are being prepared for a grander series of studies, and the minds of numerous trained and profound thinkers are being drawn into the direction indicated by this paper; and everywhere someone asks himself or his confreres, Why should there be so many unnecessary deaths? Why has not medicine a more perfect method to avert serious disease? Why cannot the exhibition of anaesthetics be rendered absolutely safe? And why cannot those who have succumbed to sudden death be resuscitated?

Some may be disposed to reply briefly to these questions by saying that the order of nature determines these matters and that to attempt to traverse it is visionary and impracticable. But this will not satisfy the best minds of the profession, for these know that the whole art of medicine is the direction of nature into safe channels and the obstruction of natural tendencies that are pernicious. Nothing can be done without nature, but nature can be guided into safe and salutary paths, just as a dangerous torrent may be penned between strong banks and made to do useful work for man.

If we were to seek a term to express the desideratum of medicine that I have indicated we might choose *Analepsis*. Medicine needs a method or many methods of *Analepsis*, more sure and perfect than those already employed. The cases requiring analeptic treatment are various. For example, there are the diseases that gradually destroy an important organ or invalidate the whole system, so that death comes surely to end the struggle. But in disorders of this kind, such as pulmonary consumption, malignant tumors, Bright's disease, pernicious anaemia, exhaustion, and some nervous diseases, death supervenes when the condition of the system or some vital organs is incompatible with a continuance of the vital functions. Yet there is an early stage in the course of such disorders when they are curable and the fatal result may be averted.

The records of medicine contain instances of apparently dead people who revived. Cases of eclampsia have simulated death very closely. There are accounts of persons who have been pronounced dead after careful examination who eventually revived. There are certainly some who have been buried alive, or buried in the belief that they were dead, who came to life to find themselves incarcerated in a grave. There are a number of instances of people who were

drowned or asphyxiated in some other way and who after a considerable time, during which they were practically dead, have been resuscitated by artificial respiration. Not a few cases where the heart has ceased beating have been revived by suitable stimulation. And examples are plentiful of patients who have suffered from exhausting diseases, as fevers, and gradually approached so close to death that all hope of survival was abandoned, and yet who after lying passive for some hours experienced a reaction of vitality which proceeded to complete recovery.

It is not necessary to go through all the various instances of resuscitation. The point that I wish to make by reference to them is that it is not always necessary to die, and that patients might be rescued from apparent death by suitable measures. It is admitted that our analeptic therapy is at present defective; but what is lacking may, we hope, be supplied by the energy, ingenuity, and skill of a great and learned profession.

Cases of so-called heart failure are especially proper subjects for analepsis. The three gates of death enumerated by Bichat are still the heart, lungs, and nervous system. But the heart is the organ most often at fault, and the analepsis of the future should be specially directed to it. In conjunction with the treatment of the heart the treatment of the blood has a foremost place. The restorative powers of arsenic, iron, protonuclein and such remedies should be more thoroughly studied and tested. The process of respiration is inseparable from that of circulation; and digestion is equally interesting in relation to the heart.

The treatment of emergencies is a branch of the art of averting death. Sudden deaths are those that offer the best chances of revival. When the corpse is seen early molecular death has not taken place, and somatic death may be overcome. Deaths from emotion, such as fright, grief, joy, or shame are to be classed among those which the twentieth century should resuscitate. Where there is no lethal lesion of a vital organ death should not occur. The Analepsis of the future would be directed to the rescue of the dying and the revival of the unnecessarily dead. The therapeutic art undoubtedly can be perfected so as to prevent disease, to arrest certain disorders in their early stages, to obviate the tendency to dying and to resuscitate the dead who are somatically sound.

The public expects a great deal more from the medical profession now than it is able to perform. But the profession is not

discouraged. It is constantly advancing to more thorough understanding of diseased conditions and more perfect remedial measures. The medical practitioners of the day are consumed by a sublime ambition to make medicine exact and positive, and thus to be able to accomplish feats of healing that in past times would have been deemed miraculous. Is it, therefore, too much to expect that the subject of *Analepsis* will receive its full share of attention, and that the time may come when the medical man may very often perform the crowning miracle of saving a human being in *articulo mortis*, or of recalling the shrouded corpse back to its mortal life?

MEDICAL EXPERT TESTIMONY.*

By HENRY WOLLMAN,
of the Kansas City Bar.

"The most important thing for a witness is to impress the judge and jury with his absolute sobriety of thought, his earnestness of purpose, and his unquestioned sincerity. The average physician permits himself, on the witness stand, to be drawn quickly into a fencing match with shrewd counsel, and, while it is true that the doctor often gets away with the lawyer, because he knows more about what he is talking about than the lawyer, and is often able to crack an exceedingly biting, bitter, and galling joke at the lawyer's expense, still every time he does it he has weakened himself with the jury. They regard him as a sharp man, and, as a rule, people do not readily trust sharp men." . . .

"When the temptation is on you to crack a joke on the witness stand, remember that, as a rule, we laugh at jokers when that becomes their predominant characteristic, but we do not have any great amount of faith in them. Take the clown in the circus, take the comedian on the vaudeville stage; he makes you forget your troubles, your trials, and your tribulations; he makes your very sides split with laughter, but you don't care to associate with him. You rather pity him."

"Naturally and necessarily lawyers understand human nature thoroughly. Next to their knowledge of the law, their knowledge of human nature is their important stock in trade, and they know

*These remarks, which formed a part of a notable address delivered before the Kansas City Academy of Medicine, and published in the N. Y. Med. Jour. March 11, are of sufficient interest and importance to warrant reproduction in the Journal-Magazine.

that if they can provoke a doctor into saying sarcastic, sharp, savage things, or cracking jokes, they have robbed his testimony of its most important qualities, and have destroyed its influence with the jury." . . .

"The witness, testifying as an expert, must be cautious, careful, serious—old-fashioned, you might say—about what he says, and he will carry conviction. Let the jury think you are a little slow, if they only think you are honest and sincere and know what you are talking about.

"The next objection that I would urge to a great deal of testimony is the unfortunately vain desire of many of the younger professional men to show off. They allow their desire for ostentation to get away with them. They answer questions by delivering essays, when a short 'yes' or 'no' would do just as well. They use big words; they endeavor in any and every way to impress upon the jury that they are the real thing, and that they know it all. Now, twelve sensible men, whether highly educated or not, will get a man's measure pretty quickly. They will know, after they hear him talk ten or fifteen minutes, whether he is a man of knowledge, and whether he really knows what he is talking about, or whether he is using a great lot of fancy words to mystify them. The truth of it is, you can't fool them, and testimony couched in the plainest, simplest language possible is what will impress itself upon the jury.

"Don't volunteer information. If the side that calls you hasn't sufficient ability to ask you the proper questions, that is neither your fault nor your business. When the question is asked, then answer it concisely and simply, using language that will carry the information to the jury, who are drawn not alone from the universities and colleges, but from the anvil and the plow. Talk as you would if you were teaching a kindergarten. In every instance, let the size of your words be measured, not by a vain desire to display your learning, but by the capacity of your audience to grasp their meaning. A man is much safer talking in a lower intellectual scale than his audience really demands than talking above their heads."

"The next great objection that I would urge to all expert testimony is its intense partisanship. There isn't a moment, scarcely, when everybody around the court room does not feel that the expert witness is simply the hired advocate of one side or the other.

His position is really a judicial one; he is expected to consider the matter in dispute absolutely judicially, and give a fair and non-partisan decision as to what is right and what is wrong. If the jury could believe that, his testimony would carry great weight, but let him get upon the witness stand and at one, if he is called by the plaintiff, begin to magnify the injuries, or, if he is called by the defendant, to swear as hard as possible that there is nothing at all permanent about the injury—that it is a thing that will quickly wear away, a mere passing shadow, and, if there is a possibility of favoring the side that called him, go to the very limit of partisanship, and the average witness is not capable of concealing his partisanship and his bias—the result is no one believes a word he says. Of course, when once the jury believe that the testimony is not fair, but is colored by some motive, it loses its force and its weight.”

“Many schemes, propositions, and projects have been put forth for the remedying of all this. Nobody could realize more clearly than your own profession the injury it is doing. Recently, through the kindness and courtesy of your censor, I was handed a medical journal in which there is an article in which it is stated that ‘expert testimony,’ and especially medical testimony, has fallen into disrepute, and justly so, in many instances, on account of the way it has sometimes been procured and used in the courts; and yet it has been the desire of all right-minded and competent men to free this testimony from bias and all other difficulties as much as possible; and then later on in the same article it states that ‘as a result of a discussion of these matters before the International Medico-legal Congress in New York,’ the following draft of a proposed law was prepared by an eminent New York lawyer, in conference with a Maine judge:

“‘An Act in Relation to Expert Testimony: Section 1st. When in any civil or criminal proceeding it appears that the testimony of skilled experts may aid in determining any issues of fact, any justice of the court in which proceeding is pending may, upon application of either party and after reasonable notice and hearing, appoint one or more skilled experts and make such reasonable examinations and tests in relation to the personal thing or subject matter involved as either party may request.

“‘Section 2. Such expert may be examined as a witness at the trial by either party or by the court, and shall receive for his services and for his attendance at court a reasonable sum to be

fixed by the court, and paid by the party making the application and be taxed in his costs if he recovers.'

'A law requiring a person to submit to a physical examination by a physician has been held to be unconstitutional by the United States Supreme Court in the case of the Union Pacific Railroad *v. s.* Botsford, 141 U. S., 250, in which case Mr. Justice Gray, delivering the opinion of the court, said:

" 'The inviolability of the person is as much invaded by a compulsory stripping and exposure, as by a blow. To compel any one, and especially a woman, to lay bare the body, or to submit it to the touch of a stranger, without lawful authority, is an indignity, an assault and a trespass; and no order or process, commanding such an exposure or submission, was ever known to the common law in the administration of justice between individuals, except in a very small number of cases, based upon special reasons, and upon ancient practice, coming down from ruder ages, now mostly obsolete in England, and never, so far as we are aware, introduced in this country.'

"The same procedure, however, has been held constitutional by the highest courts of many States, and it is a question on which the decision of the Federal Supreme Court is not controlling. In Missouri our supreme court has sustained the right to such examinations, so that we can and do have compulsory physical examinations by experts appointed by the court, and it is a perfect farce. Our practice is exactly that proposed by those two learned gentlemen, and I say it is a farce. It doesn't amount to anything. We go into the circuit court, and we ask for the examination of the adverse party. As a rule, the court appoints the physician whom we suggest, to do the examining. We, of course, know in advance just what sort of examinations this physician is going to make, and just what sort of testimony it will be. The lawyer asking his appointment knows the strength of his vision, when necessary, and knows that at the other times he verifies the adage that 'there are none so blind as those who won't see.' This 'imperial expert,' appointed by the court, is no more the court's examiner and the court's expert than the man in the moon. He is simply the partisan expert of one side, whom counsel are endeavoring to give a little standing and credit, by having his appointment confirmed by the court."

"Our experience here has shown that the law above suggested would correct no evil, and work no improvement. I recognize, as must every man who is abreast of the times, that such societies as this are most powerful agencies for the keeping of members of your profession within correct lines and forcing them to live up to a high code of ethics. Boards of trade, stock exchanges, live-stock exchanges, are able to force their members to live up to the most rigid code and to observe the highest standard. They are able to make the meanest man's word as good as the best man's bond. No shirking of obligations, no equivocation, no squirming, are permitted. No resort to law is necessary. They are so powerful within and of themselves that the Golden Rule is recognized by even their worst member as an absolute necessity, if he wishes to stay in. Of course, you can not be as powerful as they are, because a man can practice medicine without being a member of a recognized medical society, but you can do much more than you now believe." . . .

"Whatever legal measures are passed by legislatures will be evaded as easily as our present method of having the court appoint an examiner. The remedies must come from within societies like yours. Let me suggest this—that each of your medical societies appoint five or six members who shall act as experts, for a term of six months, and none of whom shall ever see anybody with a view to becoming an expert witness, except when he is acting as a member of your committee, and then say that three members of the committee shall go together and make the examination. Require the party who wishes the expert testimony to deposit a reasonable sum with your treasurer, and let that money be the sole compensation of the committee for making the examination, except what the law allows them as ordinary witness fees, and then let every other member of your societies refuse positively and equivocally to do anything with a view to becoming an expert witness. The parties will then be driven, if they want eminent experts, whose worth will be recognized, to get them through your societies. The party who applies to you for the services of your experts must be exceedingly sure of his case, for your committee, being absolutely fair and impartial, will not have any reason or motive for favoring him, and will not do so. The man pays just as much for an unfavorable as for a favorable decision. The committee will have nothing to gain by going on the stand. Their pride and honor can be

relied upon not to turn a man down just to get out of going on the witness stand. A man will always be sure he can get the best quality of expert testimony in a straight case. In a crooked case he will be unable to buy it from physicians of recognized standing.

"The courts undoubtedly, when application is made to them to appoint medical experts to make a physical examination of a witness, under our present practice, would recognize your committee. The courts fully recognize bar associations, although seldom incorporated, and when a man applies for admission to the bar the court appoints the examining committee for the bar association to conduct the examination. I have never known of a case where the court has admitted a man whom the bar association committee reported unfavorably, or refused to admit one whom this committee reported favorably. So I think there will be no trouble in getting all the courts to say that they will never appoint any physician to conduct these examinations unless he is a member of the regular committee of a recognized medical society, and, as this matter as to who shall be appointed lies in the discretion of the court, the courts could legally make and enforce such a rule. Even if the courts didn't recognize your committees, as I am quite sure they will, still, they couldn't force any member outside of your committee to look at a case with a view to becoming a witness.

"As a business proposition, it has always seemed to me that a busy physician really lost money by becoming an expert witness; that is, the length of time that he put in in visiting the case, consulting the lawyers, waiting around the court room, and testifying, did not make it at all profitable for him; so that I think there will be no loss of money to you by your failure to become expert witnesses, and it seems to me that the proposition I have just advanced, if your societies would be rigid, and your members would recognize their authority, as they undoubtedly will, would be a great cure for the evil that is certainly disgracing your profession."

"Now, shall it be said that a learned profession like yours, composed of cultured, educated, refined gentlemen, in this age of commercialization, has become commercialized to the extent that it itself has become the object of barter and its members the subjects of purchase and sale? No. Let it be the constant aim of every member of the profession to stop this thing, and to make it impossible for any one to get any physician to go upon

the witness stand, not as the impartial, judicial narrator of what, because of his learning and skill. he is able to see where the eyes of the less experienced and more unlearned can discern nothing, but as the paid, partial, and biased advocate of one, who thus puts a price upon his honor."

CHAPPED HANDS.—

Menthol i part.
 Salol 2 parts.
 Olive-oil 10 parts.
 Lanolin 30 parts.

Apply twice daily.

ARGENTAMIN IN GONORRHOEA.—Schultz (Budapest) reports good results in uterine gonorrhoea with ten per cent. solutions, in urethral gonorrhoea with two per cent. solutions, and in rectal gonorrhoea with five per cent. solutions. The gonococci disappeared after a shorter time than if treated with nitrate of silver, and besides this the tissue was not so much irritated.—*Therapist*.

UROTOPINE AS A URINARY ANTISEPTIC.—Dr. H. F. Vickery, in the *Boston Medical and Surgical Journal*, says that he recently had under his care a man who, with other complaints, suffered from an affection of the bladder. He describes the urine as being positively the worst that he had ever seen, nauseating the patient and every one near him after it was passed. The patient suffered from so much pain that morphia had to be administered. He was given only five grains of urotropine three times a day, and in six days his urine had become quite clear and the pain had ceased so that the morphia was omitted.

Dr. Paul Thorndike, in discussing Dr. Vickery's statements, said that during the last year he had used urotropine in five to ten grain doses in a number of cases of acute and chronic inflammation of the bladder and pelvis of the kidney, and in every one of the chronic cases immediate benefit followed the use of the drug, and improvment invariably began within the first twenty-four hours. In several cases of chronic cystitis resulting from prostatic hypertrophy or a preceding acute disease, the urine became acid and comparatively clean within a few days. In the acute cases the results were not so noticeably good.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of March:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	1	0
Scarlet Fever ..	6	0
Measles	0	0
Typhoid Fever	0	0
Tuberculosis	not rep	8
Cerebro-Spinal Meningitis.....	not rep	2
Small-pox.....	0	0
Chicken-pox.....	not rep	not rep
Whooping Cough.....	0	0
LaGrippe.....	not rep	3
Total deaths from all causes.....		73

RESULTS OF SERUM TREATMENT.

Serum therapy, like every other new development in the treatment of disease, has been extolled and condemned by various members of the medical profession who, from their standing as investigators and men of scientific attainments, are able to speak with a strong probability of their opinions being received with no inconsiderable credit by the profession at large. It is a lamentable fact, though, that favorable as well as unfavorable reports regarding any so-called advancement are frequently founded upon but limited knowledge or experience, or are actuated by professional jealousy or perhaps from a desire for cheap notoriety. This has been particularly true in the consideration of serum therapy, one form of which, the serum treatment of diphtheria, having aroused much opposition from a class of physicians who have ever been stumbling blocks in the way of scientific progress and who oppose not from any rational standpoint, but rather from a desire to be contrary or a desire to draw attention to themselves because of opposition.

An antitoxic serum such as is used in serum treatment of any contagious or infectious disease is obtained by inoculating an animal for weeks or months as may be necessary, with the toxine of that particular disease. Gradually increasing doses are used until the animal becomes tolerant to the toxins or poison of the disease in great quantity and thus becomes thoroughly protected against the disease. The blood serum extracted from such an animal at the proper time becomes an antitoxine and a curative element. This principle is now being employed in the treatment of various contagious and infectious diseases as well as septic conditions. Though comparatively new, serum therapy has been used with more or less success in diphtheria, pneumonia, cholera, Bubonic plague, typhoid fever, yellow fever, tetanus, leprosy, and streptococcic infection.

The serum treatment of diphtheria has now passed the experimental stage and has reached the point where it receives endorsement as the only treatment which offers best results in a large number of cases, as proven by the marked lowering of mortality in all localities where the treatment has been employed. In the city of New York there were 2,874 deaths from diphtheria in 1894, before serum treatment had been introduced, while in 1898, with serum treatment largely employed, the deaths numbered only 923. The mortality percentage for four years in those cases treated by anti-

toxin averages less than ten per cent. Previous to introduction of serum treatment the mortality was from thirty-five to fifty per cent.

Under the influence of serum treatment the mortality rate has been reduced in the Paris hospitals from thirty-five per cent. before to fifteen per cent. after introduction of the treatment. In the Berlin hospitals the mortality rate has changed from twenty-eight to thirteen per cent. as a result of the employment of serum treatment, and correspondingly good results are reported from all the large hospitals throughout the world. As the treatment becomes better known and understood we find the mortality rate decreasing more and more.

The experiments with Fraenkel's antipneumococcus serum are yet in their infancy though it is thought that success will ultimately be achieved. The practical results in the treatment of human beings is as yet indecisive.

Haffkine's method of treating cholera by inoculations with dead cultures of the cholera bacillus has been attended with much success. In the Hindoo Cholera Hospital the mortality has apparently been reduced twenty per cent. by the use of the serum, and in those cases in which the serum had been used early the mortality was only fourteen per cent. as against seventy per cent. by other methods of treatment.

The serum treatment of Bubonic Plague has also apparently produced good results, and in one instance the mortality is reported to have been reduced nearly eighty per cent.

The treatment of typhoid fever by dead bacteria, according to Haffkine's method, is yet in its infancy and results problematical. The injections are not attended with danger, and it is thought that the method will be applicable in immunizing soldiers or nurses going to infected camps or individuals living in districts in which the disease is epidemic.

Recently serum from convalescent typhoid fever patients has been used in the treatment of typhoid fever, and in the four cases treated, none of which would ordinarily have been looked upon as hopeful, the results were favorable. The injections (10 cc) were in each instance followed by a pronounced change in the general condition, and by an unusually early disappearance of the fever.

Serum treatment of yellow fever (Sanarelli's serum) has as yet been used to a limited extent. It is claimed that to be of ser-

vice the serum must be injected early in the progress of the disease. The initial dose is 20 cc. which may be repeated as required.

Encouraging reports are obtained from those who are now experimenting with antivenomous serum produced by inoculating animals with increasing doses of snake poison. So far as we know the serum has not been tried upon the human being, though it is said to prove effectual in treating dogs bit by venomous snakes.

Antistreptococcus serum easily deteriorates and in any case its effect varies with the different varieties of streptococci. In human beings the injections have for the most part been of no benefit, and this is largely due to the fact that most cases of septic infection supposed to be due to the streptococcus are shown by bacteriological examination to be due to infection with other organisms.

Koch's tuberculin is useful in treating lupus and in diagnosing tuberculosis. Tuberculocidin is a modified tuberculin which has been used to a considerable extent with reported good results. It is thought that experiments along this line will eventually result in the discovery of a serum that will prove efficacious in the treatment of tuberculosis.

Antitetanic serum has been used with success, though further use of the treatment will be required in order to determine its value. The initial dose should be large and administered at the earliest possible moment.

The present position of serum therapy has been briefly summarized by Dr. Herman M. Biggs, of the New York Health Department, as follows:

"There is no satisfactory evidence that in either leprosy or tuberculosis anything very definite has been accomplished by the use of serum.

In rabies, tetanus and diphtheria in the human being and in rinderpest and anthrax in animals, serum treatment has proven very efficient.

It is probable that serum treatment will be found capable of conferring immunity from snake venom.

The practical value of protective inoculations against cholera and the plague is supported by strong evidence.

The serum treatment of typhoid fever and pneumonia is yet purely in an experimental stage.

In diphtheria alone has serum therapy proved a complete success."

A. E. B.

MEDICAL EXPERT TESTIMONY AGAIN.

Apropos of this subject the *New York Medical Journal* quotes some very interesting remarks by Mr. Henry Wollman, of the Kansas City Bar, before the Kansas City Academy of Medicine. Among other things he said:

"The most important thing for a witness is to impress the judge and jury with his absolute sobriety of thought, his earnestness of purpose and his unquestioned sincerity. The average physician permits himself, on the witness stand, to be drawn quickly into a fencing match with shrewd counsel, and, while it is true that the doctor often gets away with the lawyer, because he knows more about what he is talking about than the lawyer, and is often able to crack an exceedingly biting, bitter and galling joke at the lawyer's expense, still every time he does it he has weakened himself with the jury. They regard him as a sharp man, and, as a rule, people do not readily trust sharp men.

"The next great objection that I would urge to all expert testimony is its intense partisanship. There isn't a moment, scarcely, when everybody around the court room does not feel that the expert witness is simply the hired advocate of one side or the other. His position is really a judicial one; he is expected to consider the matter in dispute absolutely judicially, and give a fair and non-partisan decision as to what is right and what is wrong. If the jury could believe that, his testimony would carry great weight; but let him get upon the witness stand and at once, if he is called by the plaintiff, begin to magnify the injuries, or, if he is called by the defendant, to swear as hard as possible that there is nothing at all permanent about the injury—that it is a thing that will quickly wear away, a mere passing shadow, and, if there is a possibility of his favoring the side that called him, to go to the very limit of partisanship, and the average witness is not capable of concealing his partisanship and his bias—the result is no one believes a word he says. Of course, when once the jury believe that the testimony is not fair, but is colored by some motive, it loses its force and its weight."

He goes on to say that the plan of having the medical expert witness appointed by the court is of no avail. He says it would correct no evil and work no improvement. He approves of a scheme which seems to have been under consideration by the Kansas City

Academy of Medicine of appointing a committee of experts from the Medical Societies, who, it would appear, are to be recommended to the court for such work. Such a plan as this would seem to be visionary in the highest degree, and could only be made effective in any event by making the witness the appointee of the court, as suggested in last month's editorial.

The idea of having a certain number of the members of any medical society endorsed by that society as being especially competent in certain lines to testify as experts before the courts would lead to no end of trouble, and on the face of it appears to be entirely impracticable.

There seems to be no easy way out of the woods, and the remedy must apparently lie, for the present, in the capacity, character and integrity of those who are placed upon the stand. It might have a salutary effect if the testimony given by physicians before the courts could be subjected to the scrutiny and criticism of their medical colleagues. If this were anticipated, physicians would be more cautious about statements made upon the witness stand. The exceedingly voluminous character of such testimony would appear, however, to be an insurmountable barrier to any such plan as this.

G.W.M.

EDUCATION OF THE MASSES ON THE SUBJECT OF PUBLIC HEALTH.

Quackery of all kinds flourishes largely because the general public is deprived of even a rudimentary knowledge of the laws of hygiene and health. Much of the gross ignorance and prejudice which prevails with the general public on the subject of preventive medicine might be overcome by an education of the masses respecting the well-being of their bodies.

Recognizing this fact, the municipal authorities at Comberwell, Eng., have recently appointed a municipal bacteriologist, whose duties will largely consist in the diagnosis, by bacteriological examination, of infectious diseases, and the delivery of lectures open to the public with a view of familiarizing the people with the real basis and methods of preventive medicine. One or more lectures have already been delivered to large and appreciative audiences, the lectures dealing generally with the bacteriology of infectious diseases, but having special reference to diphtheria. The

lectures were illustrated by limelight views, showing photographs of the bacilli of well known and common diseases, including erysipelas, diphtheria, typhoid, diarrhoea, cholera, tuberculosis, glanders and tetanus.

This enterprise is commendable and can with much profit be adopted by municipalities throughout the United States with the result of accomplishing much good to the public. Many sanitary reforms that are essential to the best good of the general public are now opposed through ignorance of the real benefits to be derived. With a little more knowledge of the aims and objects of the various municipal Boards of Health the people would offer less opposition to much needed regulations pertaining to the welfare of the public.

The Michigan State Board of Health has accomplished a work in Michigan that is not approached by the work of any other State Health Board. Michigan not only has a large number of laws pertaining to sanitation, hygiene, the prevention or restriction of various communicable diseases, and other allied subjects, but the people have learned the value of the work and through their representatives in the Legislature demand a continuation of it. To meet the expenses of the Board a large annual appropriation is cheerfully granted and the returns in money value alone are sufficient to prove the prudence of the investment. This condition has been brought about by a system of education which, while somewhat different from that employed at Comberwell, has nevertheless been effective. This system consists in distributing thousands of pamphlets and circulars among the people of the State, giving in a simple manner information upon all topics of vital importance to public health and hygiene. The information contained in these pamphlets and circulars is also published in the various newspapers throughout the State, and it is estimated that fully seventy-five per cent. of the population thus becomes thoroughly familiar with the subjects which the Board wishes to bring to the attention of the public.

It may be argued that this is an expensive way of educating the people, but if Michigan finds that it pays other States will also find that it pays. However, as every Board of Health cannot at first obtain the necessary funds to carry out such a system of education,—the ravages from pestilence and disease and loss of human life being looked upon lightly by some States through lack of

knowledge as to proper methods of prevention,—the inexpensive method adopted at Comberwell will serve a most useful purpose and is highly recommended. Members of Boards of Health and others who are interested in this work can get no more positive returns for their efforts than those obtained through lectures upon public health, hygiene and sanitation that are open to the public. Such lectures should be plain and practical, and where possible illustrated by stereoptican views or charts.

Such a course could with benefit be adopted by the Health Board of the City of Fort Wayne, and bacteriologist Drayer, who is amply qualified to carry out such a plan, could, with profit to himself and the community, undertake such a task with every promise of interesting the general public to such an extent that such questions as tuberculin tests for dairy cows, milk inspection, quarantine of contagious diseases, and many other questions that now are more or less unpopular with the public would be effectually and satisfactorily settled.

This matter of educating the masses on the subject of public health is one of vital importance to the success of regulations for prevention or restriction of disease, and we hope measures having this object in view will be adopted by the Indiana State Board of Health, and particularly by the Board of Health of the City of Fort Wayne. Without some action tending to a further enlightenment of the public our advocacy of laws and ordinances regulating the actions of individuals and communities as pertains to the development or spread of disease will meet with indifference and opposition. Let us then follow the example of Comberwell and inaugurate a system whereby the masses will be educated on the subject of public health.

A. E. B.

THE COLUMBUS MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

To many physicians the annual meeting of the American Medical Association is but an opportunity for a much needed rest from professional duties, added to the pleasure afforded by a trip from home and the advantages offered through attendance at the sessions of the society devoted to scientific work. Every year finds a large number of physicians ready to yield to the necessities for rest and recreation, and in consequence the attendance at the

meetings of the American Medical Association has been growing with the desire to embody profit and pleasure in the little vacations which many a hardworking physician only gets when he attends a medical meeting of that kind.

Perhaps the possibilities for a greatly increased attendance at the annual meeting of the association were never so flattering as they are this year with the place of meeting so near the center of population, with thousands of regular physicians, who ought not fail in adding to the success of the meeting, within less than a day's ride away. Considering the number of railroads that are tributary to Columbus the committee on arrangements ought to secure a lower railroad rate than ever before, and this will only add to the many advantages offered.

The physicians of Columbus are an energetic, enterprising, and hospitable fraternity and arrangements have already been completed whereby all visitors will be taken care of properly, with due attention to both their pleasure and comfort. Of entertainments there will be sufficient to satisfy the most critical, and the scientific feast that awaits is best attested by the announcement from most of the chairmen of the sections that no more papers can be accepted, the programs being already full.

Everything taken into consideration it is confidently expected that the Columbus meeting will be one of the most memorable of the Association. While we believe that Indiana will, with other neighboring states, send her full quota, we especially urge that the number of representatives be far in excess of any previous meeting, and this can be accomplished if every regular attendant will make himself a committee of one to urge the "stay at homes" to go to Columbus the second week in June.

A. E. B.

THE STATE SOCIETY MEETING.

The annual meeting of the Indiana State Medical Society will be held in Indianapolis on Thursday and Friday, June 1st and 2nd. It will be well for the members to remember the dates, as a change was made in order to avoid conflict of dates with those of the American Medical Association, which meets at Columbus, Ohio, June 6th to 9th.

As the Indiana State Medical Society was organized at Indianapolis fifty years ago it is but fitting that the semi-centennial

meeting be made a celebration worthy of the organization which, through many years of trials and tribulations and the uncertainties of existence, has reached the proud position it now occupies, that of being one of the largest and most influential state medical organizations in existence. It is also fitting that the semi-centennial celebration be held in Indianapolis, the birthplace of the society, and the scene of its struggles for many years.

This year the society returns on a visit to its early home, after a few years spent most profitably in some of the larger cities of the State outside of Indianapolis, with the largest membership in its history, and a record of activity and unity of purpose that augurs well for the success of the coming meeting as well as the future advancement of the interests of the society. It is also safe to say that the Indianapolis medical fraternity, after a season of rest from the duties incumbent upon them as hosts, will greet the members with more cordiality and fraternal feeling than ever before, and therefore render the visit more enjoyable and satisfactory from a social standpoint.

The Society now numbers fifteen hundred members, yet the membership ought to be increased by fully one thousand if all those who are eligible and are desirable are induced to join the organization. While the secretary of the State Society has been doing praiseworthy mission work among the counties of the State where no medical organizations exist, it is of the utmost importance that the various county societies make every effort to add to their rolls the name of every reputable regular practitioner eligible to membership in any of the respective county medical organizations.

The representation at the annual meetings of the State Society has been growing larger and larger during the past few years, largely attributed to the unquestionable advantages of migration, and it is hoped that this year it will be the largest in the history of the society. This will certainly be the case if it is remembered that the committee on arrangements announces a program of unusual interest, and that the occasion warrants such a reunion of members as only a semi-centennial meeting can bring forth.

We especially urge our readers to make arrangements to be in Indianapolis on June 1st and 2nd, and are warranted in saying that the semi-centennial meeting will be well worthy the time and expense incident to the attendance.

A. E. B.

NEW HEALTH BILLS FOR FORT WAYNE.

Several very important measures relating to public health are now before the Common Council of the City of Fort Wayne for action, and having passed the second reading, and been referred to the Health Board for sanction, will probably be passed by the Council.

One ordinance provides for the appointment of a food and meat inspector whose duties it shall be to inspect and examine all kinds of foods, as well as meat, and condemn any that may be found unfit for use.

A second ordinance provides for the establishment of quarantine during the prevalence of infectious diseases, giving the Board of Health the right to act in accordance with orders emanating from the State Board of Health. The Board will be given the right to establish quarantine lines and remove all suspected persons to a place of safety, with police power to enforce all orders. The ordinance also prohibits the sale of infected rags, and contains several other provisions which will give the Board rights pertaining to the prevention or restriction of communicable diseases which it has needed for some time.

A third ordinance prohibits the watering of diseased horses or cattle at public watering fountains.

A fourth ordinance gives to the Board of Health the right to examine all water supplies of the city and condemn all that are found to be unwholesome.

A fifth ordinance provides for a milk depot for the city. Under the provisions of the bill the city bacteriologist will have the right to examine the milk brought to the city for sale and distribution. The dairymen must pay a license of \$25.00 per year, and must have their wagons painted red and bearing the name of the owner, the name of the dairy, and the number of the license. The bacteriologist is also given the right to examine the cows and barns of the milkmen, and to condemn any and all milk that does not come up to a prescribed standard. A penalty of not more than \$100 for the first violation of the law is provided for, and upon the second violation the license will be revoked.

These ordinances, if passed and enforced, will do away with many of the dangers to public health, and the favorable action of the Council will receive the support of the medical profession and

sensible people of every class. The members of the Board of Health have been having an uphill fight in their efforts to maintain the best sanitary conditions, and so far as possible prevent and restrict the spread of disease, on account of a lack of preventive measures. There is no department of the city government more in need of better laws than that of the Board of Health. The general public is not aware of this fact only because people in general are not given to looking at the underlying causes of detrimental conditions.

As stated by one of the local newspapers, since the Board of Health inaugurated a closer inspection of meat, milk, etc., scores of instances have come to light where only the most stringent measures have prevented the sale of unwholesome food products. The appointment of a competent inspector of foods and dairy products will do away with much of the dishonesty that now exists among dealers who offer for sale products that are impure and deleterious to health.

The Board of Health, too, have at times been greatly embarrassed in their efforts to prevent the spread of contagious diseases by the establishment of quarantine, the people, and oft-times some trouble-loving physician, boldly denouncing the members of the Board of Health and sanitary police for interfering with what the people call their "individual rights." The passing of the ordinance giving the Board of Health the power to not only establish and maintain quarantine, but subjecting all violators to legal penalties, is a step in the right direction and one that will redound to the public good.

A. E. B.

COMPRESSION OF THE ABDOMINAL AORTA FOR THE CONTROL OF HEMORRHAGE.

MacEwan, of Glasgow, recently called attention to the ease and certainty with which hemorrhage could be controlled during amputations at the hip joint by manual compression of the abdominal aorta. MacEwan has his assistant stand on a low stool to the patients' left, and with the arm straight compress the aorta by leaning on it, as it were, with the closed fist. In this way one man may keep up the compression for a considerable time without becoming exhausted. Our object in writing this, however, is to call attention to the fact that in manual compression of the abdominal aorta we

have a certain and easy means of controlling hemorrhage from the womb. We believe that if this fact were as generally understood and appreciated as it should be, we would have fewer fatal cases of hemorrhage from this source. Compression of the abdominal aorta is especially easy after labor at term, for then the abdominal muscles are so relaxed that they offer but little resistance. This method is applicable to the control of hemorrhage in many abdominal operations also. No danger attends compression of the aorta. The effect is beneficial upon those patients who have lost considerable blood, the amount of blood in the heart is increased, the pulse becomes fuller, stronger, slower, and more regular, and the symptoms of syncope become less marked. M. F. P.

NEWS NOTES AND COMMENTS

Dr. E. J. McOscar (Fort Wayne) has recently returned from an extended pleasure trip through Mexico.

Evansville, Ind., is suffering from an epidemic of cerebro-spinal meningitis. Forty-eight cases have occurred since January, nearly half of them fatal.

Dr. M. O. Lower, of North Manchester, was in the city March 17th for the purpose of assisting in an operation on a patient whom he brought to Hope Hospital.

Dr. Carl Schilling, of this city, recently participated in one of the bloodiest operations ever undertaken and carried to a successful issue by any surgeon—making blut wurst.

The General Assembly of Oklahoma has very sensibly prohibited the practice of what is known as metaphysical science (Chris-

tian Science) within the territory. The offense is punishable by fine and imprisonment.

Dr. Miles F. Porter, an associate editor of the *Journal-Magazine*, is quoted quite extensively and in a highly complimentary manner in the last edition of S. Greig Smith's work on abdominal surgery. As English authors do not, as a rule, give much credit to Americans, the honor is all the more noticeable.

Within a short time three of Fort Wayne's physicians have suffered from appendicitis and three from gall-stone colic.

We have very few, however, of that class who are always "belly-aching" about something.

At the regular meeting of the Allen County Medical Society held on Tuesday, March 7th, Dr. G. C. Stemen presented a paper entitled "Transfusion," and Dr. J. D. Chambers a paper entitled "Review of Interesting Obstetric Cases in Twenty-five Years' Practice."

We have on one or two occasions heard patients remark that they had suffered from an attack of "brown kitties" (bronchitis), but our sense of humor recently received a rich treat when an old Irishwoman innocently volunteered the information that she was just recovering from an attack of "brown kittens."

The Northwestern University Woman's Medical College, of Chicago, announces that Dr. Marie J. Mergler has been elected dean in place of Dr. I. N. Danforth, resigned. The yearly course has been changed to four terms of twelve weeks each, commencing the first of July, October, January and April. The number of regular students will be limited to one hundred, or twenty-five in each class.

In New York State a suit has been won against an optician by the award of \$54.44 damages, all that was asked. In the complaint it was stated that the optician had prescribed, after an examination,

a pair of glasses for which \$6.75 had been charged. A few days later the plaintiff's eyes hurt and he was sick at the stomach. He was told, nevertheless, to keep on using his glasses. He asked for his money back but was refused. At last he sued, with the above result.—*Annals of Ophthalmology*.

The *Therapist* (London) gives the following prescription for diarrhoea and dysentery:

Cupri Sulph	$\frac{1}{4}$ gr.
Extr. Opii	$\frac{1}{2}$ gr.
Ext. Gent	I gr.

Ft. pil.

Talis 1-4 hor. sumd.

Dr. Frank B. Wynn, chairman of the pathological and bacteriological section of the Indiana State Medical Society, asks that all members of the Society contribute one or more gross specimens for exhibition at the June meeting, which is to be held at Indianapolis. The specimens may be sent wrapped in cloths saturated with anti-septic fluid, in a bucket or box. The pathological exhibit has been a distinctive feature of the annual meetings, and it is hoped that the members will assist in making this department of more importance and value.

The *Post-Graduate* says that one of the common paragraphs in the daily papers reads as follows: "J. D. died at the..... Hospital from the effects of an operation for appendicitis, or from some other operation as the case may be." Now this is probably an unintentional, but none the less a severe reflection upon the medical profession. Patients do not usually die as the result of an operation for appendicitis, or for carcinoma or aneurism. They die of the disease for which the operation was performed, in spite of wise but unsuccessful efforts to save them. This is a distinction which we hope our lay brethren will finally be persuaded to make."

Dr. Javal, director of the Ophthalmological Laboratory of the Sorbonne, Paris, was recently sued for libel by a firm of opticians manufacturing spectacle lens called "isomatropic" from a baryta glass, and for which special advantages were claimed.. Dr. Javal

made a careful investigation of the lens and reported to the Academy of Medicine that the difference between the baryta glass and ordinary glass was quite insignificant, and that the lenses were no better than those made from ordinary glass. The court decided in Javal's favor, holding that a scientific man is at liberty to criticise any manufactured article for which special advantages are claimed, and that his observations may be published in the public's interests. —*Annals of Ophthalmology*.

Dr. M. Cohn, of Hamburg, in the *Therapist* (London) recommends the following in the treatment of whooping cough:

R. Bromoform, $7\frac{1}{2}$, 15, or 30 grs.

Solve in Spirit. Vini Rect. aequal. partib. tere exactissime cum.

Gum. Arab. 75, 150, or 300 grs.

Adde paulatin.

Aq. Destill., $3\frac{1}{2}$ ozs.

Syrup. Aurantii Cortex, $\frac{1}{2}$ oz.

D. in vitro nigro.

Sig. One teaspoonful to be given every two hours. Bottle to be well shaken before using.

The *Scientific American* quotes a noted London oculist as saying that he knows of several cases of color-blind artists who earn quite a living with the brush. There are numbers who draw well with pencil, ink and crayon, but he knows of a scene painter who, though color-blind, paints all the scenery for a theatre, including interiors and landscapes. Another, a lady, is the daughter of a famous artist; she was taught by her father, and though quite unable to distinguish red from green, she has her colors labeled and uses them with skill. Another lady of some celebrity, has for years exhibited to much effect in London. Still another, a naval officer who left the navy on account of color-blindness, has learned to use colors very deftly, and makes a handsome yearly income from his paintings.—*Annals of Ophthalmology*.

Arthur N. Taylor, who is contributing a series of articles upon legal medicine for the *New York Medical Journal*, states that the statutes of Ontario provide that a physician's license may be re-

voked for infamous or disgraceful conduct in a professional respect. As an instance in point the following is quoted: "A physician represented to patients in the last stages of consumption that they were suffering from catarrhal bronchitis and that he could cure them, by strength of which representation he obtained money from them." The court said, "it was certainly conduct disgraceful in the common judgment of mankind and much more in a professional respect," to which the author adds, "moreover it is a very serious question whether such conduct does not amount to the crime of obtaining money under false pretenses."

At the regular meeting of the Allen County Medical Society, held on Tuesday evening, March 21st, Dr. Bulson presented a paper upon "Significance of Limitations of the Field of Vision, and Demonstration of the Perimeter." Attention was particularly called to the value of tests of the field vision as an aid in diagnosing various disturbances of the nervous system, and particularly as an aid in cerebral localization.

Dr. Deming presented an interesting case in which well-defined circumscribed swellings over the outer third of the clavicle and lower portion of the sternum were supposed to have been excited by violent muscular exercise, though with diagnosis between specific and tubercular lesion in doubt. The administration of large doses of potassium iodide was advised to determine whether the lesions were specific or not, and in event of failure to produce results the injection of tuberculin to determine diagnosis of tuberculosis.

The latest form of quackery that has been forced upon a sick and suffering public is termed Somatopathy, which is claimed to be a progressive osteopathy. Like other forms of humbuggery it is taught in a so-called college which has been termed the "Institute of Somatopathy," where graduates are supposed to attend for four terms of five months each, the cost of which is five hundred dollars, payable in advance, the graduate to receive degrees in both somatopathy and osteopathy. The prospectus, which is sent broadcast to laymen, announces that the "college" has an agreement with the New York Homeopathic Medical College, by which the students of the school of somatopathy will be taught anatomy,

physiology and pathology in the New York Homeopathic Medical College. The journal of the institution will be "sent free on application to the sick and to prospective students." Suffice it to say that the new fad is nothing more than a new form of quackery whose promoters seek to humbug the people and profit by it, as does Mrs. Eddy, of Christian Science fame, and S. S. Still, the founder of osteopathy.

Dr. Schenck's theory as to the determination of sex has received considerable attention at the hands of both the medical and lay press during the past year. It would seem that there is some truth in the theory when it is considered that several royal personages desiring male heirs, who, having been under the care of Dr. Schenck, have had their wishes gratified. However, several medical men of prominence have submitted statistics to prove that the determination of sex is simply a matter of guess work and not of scientific determination.

The theory that in the time of war the birth of males predominates has, according to reports, received striking confirmation in this country during the last two months. Statistics show that there has been born within this period a large excess of males over females. Dr. Schenck explains this as due to the patriotic enthusiasm invoked among the women by the war. He also claims that a large number of American women follow his system, and as a matter of course produce children of the male sex.

In commenting upon this increase in the number of male births *Pediatrics* states that if there is anything in Dr. Schenck's system the American women must remember that there is such a thing as carrying the system to extremes. "We cannot get along without girls, and it would be no less than a grave public calamity if the boys were to exceed the girls say by two to one."

As Franklin was in advance of his time in the use of water, so, too, he led the way in preaching the value of fresh air. In a letter to his friend, Dr. Dubourg, he said: "I greatly approve the epithet which you give, in your letter of the 8th of June, to the new method of treating smallpox which you call the bracing or tonic method; I will take occasion from it to mention a practice to which I have accustomed myself. You know the cold bath has long been

in vogue here as a tonic; but the shock of the cold water has always appeared to me, generally speaking, as too violent, and I have found it much more agreeable to my constitution to bathe in another element—I mean cold air. With this view I rise almost every morning and sit in my chamber without any clothes whatever, half an hour or an hour, according to the season, either reading or writing. This practice is not in the least painful, but, on the contrary, agreeable; and if I return to bed afterward, before I dress myself, as sometimes happens, I make a supplement to my night's rest of one or two hours of the most pleasing sleep that can be imagined. I find no ill consequences whatever resulting from it, and that at least it does not injure my health, if it does not, in fact, contribute much to its preservation. I shall, therefore, call it for the future a bracing or tonic bath.”—*The Century Magazine*, December, 1898.

According to the *St. Louis Clinic* for January, it is a fact that a charlatan “professor” gave a lecture in Denver in which he delivered himself as follows:

“And now I am going to make known the greatest discovery ever made by mortal; every one hold fast to his chair and keep calm.” A wave of expectancy swept over the vast audience and, amid a deathlike silence, the professor continued: “In my stupendous investigations of animal life I have discovered that dogs, horses, pigs, etc., were not troubled with dyspepsia, rheumatism, consumption, appendicitis, hysteria, and other ailments. I observed that all animals were very much given to eating dirt; this suggested the thought, why not do likewise? and under the inspiration of the idea I commenced to eat dirt, and have been doing so ever since, with the result that my physical ailments have departed and I stand before you tonight the most healthy man in America. I guarantee, if any individual will take three doses of dirt a day, it will cure every disease that is known to the medical profession. There is only one brand of dirt, however, that I can safely recommend, and it comes from the banks of the dear old Missouri River. Anticipating a large demand for it, I took the precaution of having a large consignment shipped to Denver. I have had this great Nature's remedy put up in neat boxes which will be sold at popular prices. Special rates will be made to large families and public institutions on keg and barrel lots. I will guarantee that it is the quintessence of the banks of the Missouri.”

The writer states that there were fools enough in the audience to enable the "professor" to exchange a large quantity of his Missouri reality for hard-earned dollars.—*N. Y. Med. Jour.*

We have recently received the circular of information of the Rush Medical College, now the medical department of the University of Chicago. We note that the faculty contains the names of eighty-four physicians and that the academic year of the college will date from the first day of July and will be divided into four quarters, corresponding with those recognized by the University of Chicago. The general course of instruction requires four years of study in residence, with a minimum attendance upon three terms or quarters of each year. These years are designated as the freshmen, sophomore, junior and senior years respectively. Credit will not be allowed for more than three successive quarters, and at least forty-five months must elapse between the date of the first matriculation and the date of graduation.

For the present the requirements of admission are (1st) a diploma from a high school, normal school, academy or other similar institution of learning requiring at least four years of study before graduation, or (2nd) a certificate of admission to the freshman class of a recognized literary or scientific college, or (3rd) he must pass an examination conducted by the examiner of the University of Chicago.

For the session of 1900-1 the requirements will be further increased so that there will be required a certificate of admission to the freshman class of the University of Chicago or some other institution of equal rank. For the session of 1902-3 the requirements will be still further increased so that there will be required a certificate of admission to the sophomore class of the University of Chicago or to the sophomore class of an institution of equal rank. And for the session of 1904-5 the student must be prepared to enter the junior class of the Chicago University or junior class of an institution of similar character before being entered as a student of the medical department.

The twentieth annual session of the Fort Wayne College of Medicine closed on Friday, March 17th. Owing to the recent adoption of the four-year course, as required by the Association

of Medical Colleges, another year was added to the course of study pursued by the students that under previous requirements would have graduated this year. This resulted in giving the College no candidates for graduation this year, and hence no commencement exercises.

The Alumni Association of the College held its annual session as usual, the seventy-five or more alumni present meeting in the large amphitheatre of the College on Monday afternoon, March 20th, to carry out a previously arranged program consisting of papers, reports, discussions, election of officers, etc.

The annual banquet, usually in charge of the Faculty, was this year, by request, turned over to the Alumni Association, under whose auspices it was given at the Randall Hotel, on Monday evening, March 20th. The guests, numbering nearly two hundred, fully half of whom were ladies, marched into the artistically decorated banquet room at eight o'clock to the music of Conklin's orchestra, where for four hours they enjoyed the elaborate menu and post prandial program.

The position of symposiarch was very gracefully and ably filled by Dr. W. O. Gross, who, in his opening remarks, took occasion to say that the members of the faculty, alumni, and invited guests were attending the first alumni banquet and that he hoped that the occasion would prove sufficiently enjoyable to warrant repetition as contemplated by the Association.

The address of welcome was given by the dean of the College, Dr. C. B. Stemen, who, in a few well chosen words, greeted the assembled alumni and guests with assurances of sincere appreciation of the loyalty of graduates to their alma mater as indicated by the large attendance upon the annual meetings of the Alumni Association. He also spoke feelingly of the good work that had been done by the College, as evidenced by the many graduates who to-day occupy positions of rank and influence in the medical profession.

The growth of the college was mentioned and attention called to the fact that within the past year a new building had been erected and fully equipped, the course had been extended to four years, the faculty increased, and many changes and additions made which seemed necessary in order to place the school on a par with the best medical colleges of the country.

Dr. H. G. Stemen responded to the address of welcome and

as one of the early graduates from the College was able to give much "ancient history," which was of interest to all.

The simple word "Mud" appeared upon the program as the topic for remarks by Dr. Ernest Kohn, and the characteristic and humorous manner in which the speaker handled the subject not only greatly pleased the audience, but left no room for doubt that at least one of the alumni was not only accustomed to seeing mud of various kinds in abundance while attending to country practice, but enjoyed it as a part of the legacy which was bequeathed to any one who practiced in rural districts.

Two members of the Faculty, Drs. Albert E. Bulson, Jr., and Kent K. Wheelock, were asked to take the places of absent members of the association and respond to the toasts—"The Ladies" and "Charity." Dr. Bulson said in substance that he considered no banquet complete without the presence of ladies and that he thought the Alumni Association had shown commendable thought in asking the fair sex to brighten and make more interesting and enjoyable the festive board by their presence. Dr. Wheelock said that charity was a part of every physician's work, but that too often this feature formed an unwarranted part as a result of imposition which the public is very apt to force upon the charitable doctor. The free clinic is a form of charity much abused and in most instances is an injustice to medical men as a class. Other forms of charity, to worthy and unworthy, were mentioned and the profession admonished to be more careful in dispensing charity if medical men desire to keep away from a new occupation, that of accepting charity.

Dr. L. P. Drayer in response to the toast "Still Life," said that he did not like his subject, but notwithstanding this he proceeded to give his hearers an interesting talk relative to the effect of germs in disease.

A representative of the newspaper fraternity, Mr. Sam Moffat, of the Daily News, responded in a humorous vein to the toast "The Press," and told several stories which clearly indicated that in his capacity as news gatherer he frequently had amusing experiences in which the physician played no minor part.

The speaker listed to respond to the toast "Shock" not being present, the Hon. R. C. Bell was called upon to fill the vacancy. He said he didn't believe he thoroughly understood the true significance of shock until he found himself suddenly called upon to

talk upon that subject before an audience the most of whom were continually dealing with shock. He said that many times a doctor's bill produced shock, but that shock of such character was not so severe as the shock produced by presentation of a lawyer's bill. The remarks concluded with expressions of praise for the work of the College which he thought was a means of keeping the medical profession of the city on a par with that of any city.

"The Bearded Bachelor" was a topic of too much personal significance to suit Dr. J. B. McEvoy, to whom it had been assigned, so he talked entertainingly upon fads and fancies as pertaining to treatment of disease, and made his assigned topic conspicuous only by not alluding to it.

"The Four Chlorides Quartet," composed of Drs. Gross, Drayer, Barnett and Schrader, rendered several vocal selections. Two other interesting musical numbers were those by Mrs. L. P. Drayer, who rendered a piano solo that brought forth an encore, and Miss Lillian Schrader, who favored the audience with a selected violin solo.

A number not on the program and in the nature of a surprise was the "cake walk" by a colored couple who went through the cake walk movements to the music of the orchestra and did the act so well that a repetition was demanded. This feature proved very amusing and was heartily enjoyed by all.

THE TREATMENT OF ANAL FISSURE WITH ICHTHYOL.—Conitzer reports such excellent results with it that he will not be without it in cases of anal fissure. The patients were relieved from pains in about four days. For the first cauterization the fissure should be made insensitive by cocaine and then pure ichthyol applied. In the beginning this cauterization should be done daily, afterwards each second day. Fresh formation of skin takes place quickly, but the action of the bowels should be made easy.—*Therapist*.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

KOCH ON MALARIA IN ITALY.—The report of Professor Koch's expedition to Italy establishes the unity of malarial infection and that the estivo-autumnal fever is an etiologic whole, a genuine tertian, caused by a single well-defined parasite, and is identic with tropic malaria and with the other forms of Italian malarial infection. He was able to study seventy-eight cases—one hundred and twenty in all—and the only difference between Italian estivo-autumnal and tropic malaria seemed to be that the Italian parasites were a trifle larger and more distinctly pigmented, probably due to their being seen in advanced stages of the disease. The differences in the descriptions published by Italians and others are owing to the fact that the former only examine fresh blood, while Koch dries it on a cover-glass and treats it with stains which bring out a number of the finer details impossible without. He also found that improved staining methods (Romanowsky) showed that the crescents and flagella take the chromatin stains and the flagella proceed directly from the chromatin, are formed of chromatin, and, in fact, are not flagella but spermatozoa, as was established by comparative analysis with other parasites, for which purpose he found the study of the proteosoma of birds extremely valuable. He also confirmed Ross' statements in regard to the proteosoma, finding these parasites on birds and also in the stinging gnat, in which they commence their dual life cycle. He was even able to supply a missing link by the discovery that the proteosoma turns into a worm-like creature after it has propagated, like the halteridium, which it resem-

bles. He also observed the secondary germs of the proteosoma in the poison of salivary glands of the insect, thus completing the chain of evidence. He considers three discoveries of the utmost importance, as, owing to the close resemblance between the proteosoma and the human parasite of malarial infection, it can be accepted as certain that the malarial parasite must have an analogous course of development. He ascribes the fact that Rome is entirely free from malaria, while the country around it and up into the suburbs reeks with it, to the lack of vegetation within the city. Wherever the gardens begin, there the gnats and mosquitoes swarm, and malaria is rife. He also calls attention to the suddenness of the onset of malarial fevers. There are but few cases in winter or spring, mostly relapses of a disease acquired during the preceding summer. But in May or early in June something happens that produces an outbreak of malarial affections. He adds that it would be of the greatest importance for the study of malaria if this unknown factor could be discovered. He reports the success of methylene blue in a number of cases, stating that in given cases it can substitute quinine to advantage. The Italian Government detailed Professor Gosio to assist him in his researches, and promoted them in every way.—*Deutsche Med. Woch.*, February 2; *N. Y. Med. Journal*.

GRANULAR KIDNEY.—In a recent article on this subject Dr. Samuel West expresses the belief that the frequency of granular kidney is by no means adequately recognized. In an investigation to this end made into the cause of death in persons brought into St. Bartholomew's Hospital dead or dying, it was shown that in seventy-nine cases forty-eight per cent. showed chronic interstitial nephritis; in 16.8 per cent. it was the only cause of death, and in 12.6 per cent. more it aided in causing death or in causing the lesion which led to death. The condition is a bilateral one. The kidneys are usually reduced in size and weight, but sometimes are above average. The changes consist in fibroid induration, and cellular degeneration. West says there are two forms of granular kidney, the white cirrhotic and red cirrhotic. The difference is chiefly one of color. Microscopically no clear distinction can be drawn. Whether it is in the vascular system or in the kidney itself that the primary causes of the disease are to be sought, is still an undetermined question. The history of antecedent acute nephritis

is a rare circumstance in these cases, and a case practically never can be traced from the initial acute nephritis to granular kidney. Most cases of granular kidney occur throughout the whole body. There are but two forms of general arterial change recognized in pathology, namely, atheroma and that connected with granular kidney. The atheromatous diseases of the arteries and the changes of granular kidney, the thickening of the vessels is fairly uniform. At any rate it does not occur in the irregular patches of atheroma, and it is universal. There is a considerable amount of muscular hypertrophy in the vessels and this is associated in many cases with changes in the intima as well as in the adventitia, which are not atheromatous and yet are of a marked character, while the relation between the cardio-vascular and renal lesions is difficult to determine, the cardiac lesions, being of the nature of a hypertrophy, must, as in other cases, be the response of the heart to some extra work thrown upon it of a permanent kind. It must, therefore, be secondary. It certainly seems more probable that both the heart and the vessels hypertrophy together for the purpose of assisting the circulation to overcome some obstruction. This being so, the obstruction must be peripherally seated and must be sought for in small peripheral arteries and capillaries. Whether primarily, arterial or primarily renal, granular kidney is a disease *sui generis*, and should, therefore, be treated under a separate heading in writing on the subject. The disease is a very insidious one. The only definite symptom in the early stage is an increased frequency of micturition, especially at night. Symptoms do not occur until late in the disease, and are divided into cardio-vascular and renal. Generally the cardio-vascular are earlier than the renal. The cardiac symptoms are those of heart failure; the vascular symptoms consist chiefly of hemorrhage and its results. The renal symptoms come under two groupings, and are of gradual or sudden development and frequently are described as chronic and acute uremia, respectively. The signs and symptoms are considered under: (1) the physical signs, (2) the cardio-vascular symptoms, (3) the renal symptoms. The earlier signs are of the utmost importance, as early recognition gives the only hope of influencing the condition by treatment. The early diagnosis depends upon physical signs and not the symptoms. These are high tension, thickened arteries, hypertrophy of the heart and albuminuria. Arterial thickening in young persons should always arouse suspicion and lead to a care-

ful examination. If granular kidneys exist, arterial tension should be high rather than low. The fall of arterial tension in the later stages is of great clinical importance in its relation to prognosis. The irregular fluctuations in tension which take place in the later stages of the disease are a bad omen. In the earlier stages of the disease the pulse-tension is high and the artery is thickened. If any of these doubtful cases of high pulse-tension and thickened artery, albuminuric retinitis or the early changes which lead to it are found, even in the cases in which albumin may not be present in the urine, a diagnosis of granular kidney would be justified.—*Lancet—Phil. Med. Jour.*

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

INJURY TO PERICARDIUM—SUTURE—RECOVERY.—Dr. Hal C. Wyman, of Detroit, Professor of Surgery in the Michigan College of Medicine and Surgery, reports (*Physician and Surgeon*) the case of a man, aged 38, who had been injured by the bursting of a circular saw, which had torn away $1\frac{1}{2}$ inches of the fifth costal cartilage on the left side, together with two inches of the rib. The apex of the heart was protruding and there was a ragged hole in the pleura. The wounds in the pericardium and pleura were closed by continuous catgut sutures, the lacerated muscles were brought into apposition, and ten days after the injury the man was in excellent condition.—*Am. Jour. Surg. and Gynecol.* March, 1899.

In Prof. Mikulicz's clinic conservatism has been the rule (Dr. A. Henle (abstract in *Annals of Surgery*) in the treatment of tubercular joint affections. An exception is made in tuberculosis of the knee in adults, which is usually subjected to resection.

The treatment, save in hip disease, is commenced with a course of venous stasis, together with correction of deformity and putting the joint to rest. Then follows the iodoform treatment, which is continued until the whole joint and adjoining structures

have been iodoformized. During the whole period of treatment the venous congestion is continued, being applied from 14 to 18 hours daily. Operation is required if a cure is not effected, but they are rarely needed. Histories of 333 cases are given with tables giving results of treatment in different groups of cases.

OSTEOSARCOMA CURED BY THE COLEY SERUM.—In the transactions of the North Carolina State Medical Society, Dr. J. C. Walton, of Reedsville, reports a case of osteosarcoma of the fibula cured by the use of the Coley serum (toxines of streptococcus pyogenes and bacillus prodigiosus). Under the use of what appears to be very small doses the tumor rapidly became smaller, softer and more circumscribed. It finally sloughed, when the doctor operated, removing the dead tissue and as much of the tumor as possible (amputation had been positively refused); and then resumed the anti-toxine treatment. There was speedy improvement, further diminution of the tumor and quick healing. Nearly two years have elapsed; the tumor is gone, the patient well. The tumor was examined by a number of competent surgeons, each of whom pronounced it osteosarcoma.—*Am Jour. Surg. and Gynecol.*, Feb., 1899.

A RIVAL OF THE FAMOUS CROWBAR CASE.—Barritt (*Lancet*, Jan. 7, 1899) gives the details of a case which fairly rivals the famous instance in which a Vermont quarryman while tamping home a blast, exploded the same and lost one eye, by reason of the crowbar passing clear through his head, entering below his chin and passing out through the frontal bone. He recovered and lived some years in unimpaired vigor, and his skull now adorns the Warren Museum in Boston. Barritt's patient was a lad, aged fourteen, who rammed a muzzle-loading gun with a thirty-inch iron rod. The gun was cocked and had a cap on. The jar brought down the hammer, and the ramrod, which measured 5-8 of an inch in diameter at its big end, passed point foremost into the boy's forehead over his left eye and out of his left parietal bone. He walked 200 yards to the house, and rode three miles to a hospital. In three weeks his wounds were so far healed that he went home. There was a discharge during convalescence of a thimbleful of bits of gray matter of the brain. The aphasia and partial paralysis

of the right arm which followed the accident gradually disappeared.

IODOFORM TREATMENT OF TUBERCULOSIS OF THE WRIST-JOINT.—Dr. O. Briegel (*Tubingen*) (*Beitrage Zur Klinischen Chirurgie*) (*Annals of Surgery*) summarizes his results with iodoform treatment of tuberculosis of the wrist-joint in 39 cases. In the fungous forms 2 to 8 cc.'s of 10 to 20 per cent. iodoform oil were injected through one or more punctures. In distended joints and abscesses the fluid or pus was first withdrawn by aspiration and then 10 to 30 cc.'s of the solution injected. The injections were repeated in from four days to five weeks. Twenty-four of the thirty-nine cases were permanently cured, three not cured, three required operation, seven died. The iodoform treatment of wrist-joint tuberculosis is, by far the most successful method. The fungous forms in earlier life give the best results, a cure being almost certain in a short space of time. Even where abscesses and sinuses have formed a large proportion can be cured. In a large proportion of cases the form and usefulness of the member is perfectly restored. The method is so simple that any practitioner can carry it out. Danger of return of the disease is very slight. Perfect asepsis must be secured.

SHOULD NON-ABSORBABLE LIGATURES BE DISCARDED IN GYNECOLOGICAL PRACTICE?—Dr. Seth C. Gordon says that without question the profession at large would prefer absorbable ligatures if those who have not used them could be satisfied on two points:

1. That the sutures, and especially ligatures, would not be absorbed until complete union has taken place, or until there is positively no further danger of hemorrhage; and,
2. That the suture material is sterile, and will remain so until absorbed.

Ordinary catgut of medium size has sufficient tensile strength to hold cut surfaces together at the end of six days, and as it is a rule of many surgeons to remove non-absorbable sutures at the end of a week, it is evident that catgut holds long enough to answer the first requirement. Chromicized catgut lasts longer still. As to the second point, it has always been possible for the careful surgeon to prepare his own catgut, so that it would be safe; now, with

the new formaldehyde process, perfectly reliable catgut can be obtained at every instrument store. Moreover, with the formaldehyde gut it is not necessary to throw away remnants as heretofore; they may be washed, boiled in water and used again.—*New Albany Med. Herald*, March, 1899.

ANESTHESIA.—In the *Tri-State Medical Journal*, Feb., 1899, Isabella C. Herb, M. D., of Chicago, publishes an article on anesthesia, based upon one thousand consecutive cases. Chloroform alone was used 110 times, ether 3 times, chloroform and ether in all other cases. The two anesthetics were never given together except in cases in which during the administration of chloroform the breathing became shallow or the heart embarrassed, when the chloroform would be withdrawn altogether and ether substituted or a few drops of ether given with the chloroform. The rule was to give chloroform until the patient was asleep, then continue the anesthesia with ether. The writer makes a strong plea for the anesthetic specialist.

“In the first five hundred cases Squibs’ chloroform and ether were used, in the last five hundred Mallinckrodt’s were used. There was no difference observed in favor of either manufacturer’s products.

It was observed that alcoholics and morphinists resisted the anesthetic for some time; but when they finally succumbed, it was with surprising suddenness and narcosis was very profound. When anesthesia is established, they require no more to keep them asleep than other patients.

Many times in young children we noticed a peculiar moan on inspiration which means spasm of the glottis. This may occur before or after narcosis is complete, and unless fresh air is allowed the child will stop breathing.

These observations seem to confirm the following conclusions:

1. If anesthetics are given carefully, according to the method described, difficulties of any kind are experienced in only a very small proportion of cases.

2. That a dilated, immovable pupil is a sign of danger before heart or respiration show any change.

3. That the Esmarch chloroform mask is superior to any other for ether as well as for chloroform.

4. That the method described requires less anesthetic and a shorter time for induction of narcosis.

5. That patients quickly revive when given fresh air, without the use of drugs.

6. That anesthesia should be more thoroughly taught in our medical colleges and hospitals."

As soon as sleep is induced the lower jaw is hooked over the upper and held in this position. We deprecate the use of gags, because they throw the jaw backwards, the very thing to be avoided. The head should be on a level with the body, a small, hard pillow being preferable to a feather pillow. The patient is not removed to the operating table till thoroughly asleep, and this is done as gently as possible. If removed too soon, he is sure to retch or vomit, and will consume as much time in going to sleep as at first.

The pupillary reflexes are an infallible guide to the degree of narcosis. No attention is ever paid to other reflexes. We believe touching the cornea is as unscientific as it is unclean. It tells you absolutely nothing further than that your patient is unable to resent the insult. A contracted, immovable pupil teaches us we have surgical narcosis. A dilated, immovable pupil has danger written everywhere; while a dilated pupil which reacts to light shows only partial anesthesia. A very trying position for an anesthetizer, and one which tests his judgment as well as the patience of the operator, is where the patient is asleep but holds the abdominal muscles tense during manipulations or breaking up of sensitive adhesions. If these patients are allowed a few whiffs of fresh air, and the anesthetic resumed, the spasm will pass away. On the other hand, if the narcosis is not complete, a few drops of chloroform will relax the muscles.

A word about artificial respiration, which we found necessary to perform in six cases. The tongue should be drawn out, the jaw held forward, the arms grasped near the elbows and swept around away from the body and over the head till they meet above it, then given a strong pull for a few seconds, then returned to their former position alongside the chest, making pressure against the lower ribs. This plan, if regularly carried out, should make about sixteen complete acts of respiration in a minute. As is well known, this is the regular Sylvester method of performing respiration, and you are all familiar with it; yet there is not one person in twenty

who performs it properly. The arms are moved too rapidly and too great force is used on the chest. Stretching the sphincter seemed to be of some value. In no case was any drug used. The patient needs pure air and when supplied with it quickly revives.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

The new *U. S. Dispensatory* for 1899 has made its appearance and is a model of neatness, thoroughness and practicability. As a reference work it should be found in every physician's library.

A complete line of all the newer chemicals and compounds has been added, thereby making it the most valuable issue ever published.

CAMPHOR AS AN ANTIDOTE TO CARBOLIC ACID.—Alvarez (*Gior. Internaz. d. Scienza Med.*, Jan. 31, *N. Y. Med. Jour.*) relates a case of carbolic-acid poisoning to which he was called in consultation. He thought that the poison had all been absorbed, and so he did not try to provoke vomiting, but advised camphorated oil to the amount of about three ounces, simply for the sake of its soothing action on the gastric and oesophageal lesions probably caused by the acid. But it seems to have accomplished more than this, for the patient recovered.

CORROSIVE SUBLIMATE IN CALOMEL.—In order to obtain a clear solution after shaking calomel with water in testing for the presence of soluble mercury salts, Glucksmann (*Zeit. Oest. Apoth. Ver.* 1899, 113) recommends that 10 cc. of water be agitated with 1 Gm. of calomel and allowed to stand for a half hour with occasional agitation. Immediately before filtering he recommends the addition of 1 drop of diluted nitric acid. In this way he obtains after one, or at the most, two filtrations through a plain filter, a clear liquid. The trace of nitric acid is of no consequence. As a reagent for the presence of mercuric chloride in the filtrate, Glucks-

mann agrees with other authors in recommending chloride of tin instead of hydrogen sulphide.

VALUE OF EUCALYPTUS OILS.—W. J. Brownscombe (*Lancet*) dissents from Dr. Benjafield's statement that oils distilled from other kinds of Eucalyptus than *E. globulus* are comparatively useless. Such a statement, he contends, is utterly without foundation in fact, oils on the market from other species frequently answering the tests of the new Pharmacopoeia even more closely than the oil of *E. globulus*, as well as containing a larger percentage of eucalyptol. Certain oils from *E. globulus*, in fact, will not respond to all the official tests, and are therefore as certainly excluded by the Pharmacopoeia requirements as the oils of other species. The Pharmacopoeia Committee has ignored the geographical sources of eucalyptus oil as a matter of importance, and considering the widely differing sources from which the oil is obtained—and the consequent variations of season, soil, and climate—it is little wonder that there should be variation in the product of one and the same species of Eucalyptus.—*Pharm. Jour.*

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

THYMOL IN WHOOPING COUGH.—A mixture containing thymol one part, and syrup seven parts, having a brownish color and aromatic smell, is known as "pertussin" and highly recommended in the treatment of whooping cough. It is given to children in a half to one tablespoonful three times a day, with the effect of relieving the disturbing cough and attacks of cyanosis. The remedy is also recommended for the treatment of chronic catarrh of the larynx and bronchi, spasmodic cough and certain cases of emphysema in which there is great oppression on the chest.—*Abst. Brit. Med. Jour.*

OCULINE.—Lagrange, of Bordeaux, has treated certain affections of the eye, principally detachment of the retina, with a new therapeutic preparation called "Oculine." It is prepared by macerating the ciliary and vitreous bodies of bullocks' eyes in an equal weight of glycerin, and after adding a quantity of artificial serum equal in weight to that of the glycerin taken, filtering and filling into the bulbs containing 3 cc. each. The oculine may be injected hypodermically, but the author prefers to exhibit it per os, the contents of one bulb being given with half a glass of water.—*Merck's Archives*.

SEEING THROUGH THE NOSE.—The following interesting case has recently been reported (*Abst. N. Y. Med. Jour.*) in which a man, as was the case with several others reported in the sixteenth and seventeenth centuries, learned to see through his nasal cavities after the successive loss of both eyes. The right eye had been lost in childhood; the other eye, as well as the nose, had been lost in a fall upon a stake. A year later he perceived that he was able to distinguish through the nasal aperture the light of day, and also brilliant objects placed beneath it. It is considered probable that the retina had been spared, and that there remained an opening of communication between the nasal fossae and the orbital cavity.

ERUPTIONS OF THE FACE DUE TO NASAL PRESSURE.—Dr. G. D. Murray, in the *Medical Record*, March 25, reports a series of cases in which certain skin lesions of the face are attributed to reflex neuroses caused by obstructive lesions within the nasal passages. He states that facial eruptions in some instances are caused by pressure upon soft or hard parts, and that a muddy complexion and friable skin is a peculiar characteristic of nasal obstruction. The eruptions are usually worse on the side corresponding to the pressure. In the cases reported the skin lesions promptly disappeared with removal of the bony spurs and hypertrophies within the nose. In conclusion he makes a plea for careful search for some irritation in the nose in the treatment of all skin diseases of the face when the origin is uncertain.

ICHTHYOL IN DISEASES OF THE EYE.—M. Eberson (*Klin-Therap.*) gives the following as his conclusions regarding the use

of the ichthoyl in diseases of the eye. 1. That it is a sure remedy for the cure of trachoma in that the course of the disease is shortened and the surfaces become smooth. 2. That this method is especially to be recommended for children. 3. That it quickly cures catarrhal conjunctivitis with or without corneal complications. 4. That it a powerful remedy for clearing up scars.

He makes use of a thirty to fifty per cent. aqueous solution, to which a small percentage of glycerine is added, and of a five per cent. ointment. (From quite an extended use of ichthyol in various forms of conjunctivitis, with and without corneal complications, we are warranted in endorsing the above.—ED.)

CHINOSOL IN OPHTHALMIC THERAPEUTICS.—Percy Dunn, F. R. C. S. E., London, England (*The Lancet*, Oct. 22) says that he regards chinisol as the best antiseptic agent which is now on the market. He believes that there are certain reasons for doubting whether or not in ophthalmic surgery the principles of antisepticism are followed in the present day to the extent which their importance demands, and it is probable that the want of precision in this regard is partly due to the fact that amongst the multiplicity of antiseptic agents there is none which has actually found general favor with ophthalmic surgeons. He believes the importance of this matter to be such that if a wound of the ciliary region was treated from the first with every antiseptic precaution, sympathetic ophthalmia would be an impossible complication. In substantiation of this he says that he has treated within the past year several wounds in the dangerous zone by systematic antisepticism, practiced by means of chinisol, with an excellent recovery in each case. The chief advantage of chinisol is the potency of its germicidal action, a fact which has been incontestably proved by bacteriological investigation, in addition to its being freely soluble in water, non-caustic, uninjurious to the skin of the hands, non-hydroscopic, non-coagulator of albumen, and economical owing to its potency and the weak solutions of the drug required to perfect the work intended.

ERRORS OBSERVED IN OTO-LARYNGOLOGICAL WORK.—Dr. Goldstein, in the February number of the *Medical Herald*, reports several cases illustrating some of the careless and culpable errors which are frequently met with in the practice of oto-laryngology.

In one case a child with a kernel of freshly shelled pop corn lodged in the external auditory canal was taken to the family physician to have the foreign body removed. The physician to whom the case had been presented made vigorous efforts to remove the corn, and evidently considerable force had been employed in this operation, and this, coupled with the restlessness of the little patient, resulted in laceration of the auditory canal, and in the presence of constant irritation and pressure an inflammation ensued which almost completely occluded the canal. The activity displayed in the attempted removal of the corn had succeeded so far that the grain of corn had been forced through the drum membrane into the tympanic cavity. Fortunately the little patient made a satisfactory recovery under proper treatment such as was afterward instituted by the specialist to whom the case was taken.

In another case a woman who was being treated at one of the advertising medical institutes for the relief of a suppurating trouble of the ear was finally told, after much painful and irritating treatment, that she was threatened with a stroke of apoplexy. The otologist to whom she was afterwards taken found a large granulation polyp projecting from the tympanic cavity and obstructing the canal in about two-thirds of its natural lumen. The pressure of the tumor produced facial paralysis and almost complete immobilization of the affected side. Twenty-four hours after the removal of the tumor but a trace of the facial involvement remained.

The third case reported is that of a patient suffering from syphilitic lesion of the nose, the infection being clearly traced to the unclean nasal sprays used by an advertising medical institute, where patients suffering from catarrhal inflammations are placed in a line and treated with the same instruments without pretense of asepsis or even ordinary cleanliness.

EXTERNAL APPLICATION OF PHENACETIN IN RHEUMATIC AFFECTIONS.—The following phenacetin ointment is recommended as an external application in rheumatic affections:

Phenacetin	5 parts
Lanolin	20 parts
Olive oil	q. s.

M. Fiat. Ung.

BOOK REVIEWS.

We have just received a copy of the *Cosmopolitan Osteopath*, published monthly at Des Moines, Iowa, and purporting to be devoted to the advancement of the science (?) of osteopathy. The periodical is carefully edited in that it contains nothing but what advertises the unreasonable and senseless ideas advanced by the fanatics known as osteopaths. Even a careless glance through the pages of this bastard medical journal is sufficient to give an idea that the contents are not intended primarily for the members of the osteopathic sect, but rather the unsuspecting public from whom the members of the clan probably expect to reap many sheckels. Aside from the advertisement of the S. S. Still College and Infirmary, with its claims to cure all the ills that flesh is heir to, supplemented by carefully written testimonials which much resemble the laudatory epistles occupying space with Lydia E. Pinkham's newspaper advertisements, the columns of the *Cosmopolitan Osteopath* are principally given over to abuse of "regular" physicians and venomous attack upon the medical associations that have in any way influenced legislation to the detriment of this new form of charlatanism.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN.—

By George Thomas Jackson, M. D. (Col.), Professor of Dermatology in the Woman's Medical College of the New York Infirmary and in the Medical Department of the University of Vermont; Chief of Clinic and Instructor in Dermatology; etc. With seventy-five illustrations. Third edition, revised and enlarged. Lea Brothers & Co., New York and Philadelphia. 1899.

In this volume of something more than six hundred pages is presented a very compact, lucid and excellent guide for the general practitioner in the diagnosis and treatment of skin diseases. Its

moderate size is owing largely to the fact that the author has made no attempt to discuss debatable questions, thus leaving pathology and etiology somewhat in the background, and giving attention largely to symptomatology, diagnosis and treatment. It has very many commendable features.

The classification adopted is based upon that of J. Radcliffe Crocker, with some additions and alterations. According to this system skin diseases are divided into nine classes, as follows:

1. Hyperaemiae; 2, Exudationes; 3, Hemorrhagiae; 4, Hypertrophiae; 5, Atrophiae; 6, Neoplasmata; 7, Neuroses; 8, Morbi Appendicium; 9, Parasiti.

As the author justly remarks, a satisfactory classification of skin diseases is in the present state of our knowledge impossible. The subject is undoubtedly a very complex one from a pathologic and etiologic point of view. Some idea of its complexity may be gleaned from the fact that in this volume there are included in the tables of classification very nearly 200 distinct forms and varieties of diseases of the skin. Fortunately the most of these are very rare, and we are graphically admonished in the few pages of dermatological "don'ts," among other things, not to "fail to think of the possibility of every case being either syphilis or eczema; or "to master these two diseases as thoroughly as possible, because if you learn to recognize these two you will have gone a long way in diagnosis. If they can be excluded, then the field of possible 'might bes' is considerably narrowed. "

With reference to the classification, one is reminded somewhat of the preacher who is said after reading the text to have closed his Bible and never again referred to it. No reference is again made to the classification in part second, which is headed "Diseases of the Skin and Their Treatment." Instead of grouping them according to their classification, the author arranges them all in an alphabetical form, thus placing side by side, neuroses and neoplasms, parasitic and atrophic affections. While this may not be regarded from the standpoint of the specialist in skin diseases as a very scientific method of treatment, yet there can be little doubt that for the general practitioner, for whom the work is probably more especially designed, and certainly best adapted, this arrangement is the very best that could be made.

Among numerous little helpful features the diagram of the

fundamental lesions of the skin attracts attention. By simple schematic tracings the author has successfully presented to the eye and the mind of the reader within the compass of half a page a clearer idea of the anatomical nature of macules, vesicles, tubercles, etc., than could have been conveyed in a dozen pages of text.

After all what the general physician wants is the most direct and practical guide, which will take him straight to the pith of the case, and give him the clearest indications for therapeutic procedure. Judged by this standard the present volume is entitled to the highest praise. Because of its compactness, still permitting sufficient amplification to meet all the needs of the general practitioner; because of its clearness and lucidity in the presentation of the entire subject; and because of its avoidance of lengthy discussions of moot points in pathology, which are of great interest and value to the specialist, but undesirable for the general practitioner, the writer has no hesitation in pronouncing it one of the best, if not the very best work to be placed in the hands of the latter as a guide in the treatment of skin diseases.

G. W. M.

HUMAN ANATOMY.—A Complete Systematic Treatise, by various authors, including a special section on Surgical and Topographical Anatomy, edited by Henry Morris, M. A., and M. B. Lond. Second Edition, Revised and Enlarged. Philadelphia. P. Blakiston's Sons & Co., 1012 Walnut St. 1898. Cloth, \$6.00.

The contributors of the present edition are: J. Bland Sutton, Osteology; Henry Morris, Joints; J. N. C. Davies, Colley, Muscles; W. J. Walsham, Blood Vessels and Lymphatics; H. St. John Brooks, Nervous System (revised by Arthur Robinson); R. Marcus Gunn, Eye, Tongue, Nose, Ear, Heart, Voice, Respiration (revised by Arthur Robinson); Frederick Treves, Organs of Digestion; William Anderson, Urinary and Generative Organs, the Skin; W. H. A. Jacobson, Surgical and Topographical Anatomy; Arthur Robinson, Vestigial and Abnormal Structures.

In the illustrations of the bones the origin of the muscles are indicated by red lines, the insertions by blue lines, and the attachments of ligaments by dotted black lines. This feature, together with the plan of describing the illustrations, adds much to its value

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and will be appreciated by students for whose use, in the dissecting room, it is especially designed. The plan consists in printing the descriptions in different types at the end of the pointers. Each of the systems are treated separately, with a special section of 164 pages given to topographical anatomy, and one of four pages given to vestigial and abnormal structures.

The use of various sizes and kinds of type to indicate headings, sub-headings, paragraphs and notes, makes the book an unusually handy one to refer to.

Most of the illustrations are original, and all of them are good. The type is plain, the paper good, and as heavy as is consistent with the number of pages (1274) in the volume. The binding and index leave nothing to be desired.

The editor says in the preface that the aim was to make the work "a complete and systematic description of every part and organ of the human body so far as it is studied in the dissecting room" and he has certainly hit the bull's-eye.

M. F. P.

We have recently received the initial number of *The Coming Age*, a purely literary magazine which is issued from the press of the Midland Publishing Company, of St. Louis, and edited by B. O. Flower, founder of *The Arena*, and Mrs. C. K. Reifsneider. A departure from the usual course followed in arranging the contents in this magazine is found in the department devoted to conversations, wherein questions relative to social, political, economic and other affairs are asked and replies given by prominent personages competent to speak with authority upon the subject at hand. The other departments are devoted to original essays, fiction, health and home notes, editorials, book reviews, news and miscellany. The April number will contain a paper by Prof. John Uri Lloyd, the author of *Etidorpha*, entitled, "Do Physicians and Pharmacists Live on the Misfortunes of Humanity?" This article will probably prove of interest to the medical profession, and copies of the April number may be obtained for twenty cents by addressing the Midland Publishing Company.

FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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MAY, 1899.

No. 5.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

AUTO-INTOXICATION.

By J. J. REYNOLDS, M. D.,
Defiance, Ohio.

Man is constantly living in danger of being killed by the poisons generated in his own system. In fact it is only prevented by the activity of the excretory organs. The alimentary canal is inhabited even in the physical state by various microbes, and these microbes elaborate poisonous substances which are absorbed into the blood—not in disease alone, but this process is constantly going on in health.

All the tissues of the body are continually developing poisons through disassimilation. Thus we see that the human body is a receptacle and a laboratory for poisons. But if the excretory organs are normal they eliminate these poisons with sufficient rapidity to prevent harm.

Digestion gives rise to alkaloidal poisons, and intestinal putrefication produces toxins. By far the larger part of these toxic substances are carried away with the faecal matter, but much is absorbed.

It is, therefore, into the blood that all poisons are carried; the whole of those made by the tissues and a part of those formed in the alimentary canal. These are eliminated principally by the skin, lungs, liver and kidneys, largely the latter. Many of the toxic substances developed in the intestines are afterwards found in the urine showing that they must have traversed the blood, and demonstration shows the urine to be toxic. If the urine ceases to be excreted the organism becomes poisoned. Urine contains at least seven distinct toxic principles.

1st. A diuretic principle—urea—very feebly toxic.

2nd. A narcotic principle.

3rd. A substance which is sialagogue.

4th and 5th. Two substances endowed with the property of causing convulsions, one organic, the other mineral—doubtless potassium.

6th. A substance that reduces temperature by diminishing heat production.

Some of these urinary poisons are antidotes to others; thus of the two convulsives, one neutralizes the other in the body just as atropia can neutralize pilocarpin. In uraemia we have symptoms corresponding to these poisonous substances, viz: Myosis, salivation, a subnormal temperature.

Or if we inject normal urine into the veins we get *contraction of the pupils* caused by a certain one of the many poisons contained in the urine, then *somnolence* caused by the narcotic principle, *diuresis* caused by the urea which is a great diuretic. *Fall of temperature* caused by the principle which diminishes heat production.

In uraemia we have the symptoms enumerated above since in both cases we have an excess of these poisons in the system. In hepatic uraemia—when the liver no longer produces urea—the kidneys, though normal, no longer perform their function; and we have again the same set of symptoms.

Urea then is specially injurious when it is deficient since it is the diuretic substance that continually keeps the kidneys at work.

Now, if blood is not toxic it is because the toxic substances are eliminated about as rapidly as they are formed. The blood takes from the tissues these substances and carries them to the kidneys. The blood takes by absorption from intestinal putrefaction multitudes of these toxins which are in turn passed on to the kidneys. So we see that the blood always contains a small

amount of poison—inoffensive to the system, but if the normal relation between production and elimination is destroyed—either by an increase in production or a decrease in elimination, poisoning occurs. Death will be produced by auto-intoxication if the poisons in the blood plasma are increased to $2\frac{1}{2}$ times the normal quantity. (Bouchard).

There is an interesting point with regard to one of the convulsive poisons of urine, viz: potassium.

Blood is only a tissue of mobile cells, which have—like every other cell—a frame-work. What enters into the composition of this frame-work is inoffensive for the cell *so long as it retains its vitality*. But each cell contains potassium in combination. When cells are destroyed and the potassium liberated it then passes into the liquids and its toxic power is manifested upon the living cells. Cells contain poisonous materials *because these substances are a part of their constitution*, and which, freed by the death of the cells, cause the fluid to become toxic. Of these toxic substances potassium occupies the first rank, and in the normal state is a constituent of the anatomical elements, but not of the fluids.

As we know the liver is both a secreting and an excreting organ. Bilirubin and the biliary acids are the principal poisonous ingredients of bile. Bilirubin is soluble in water, but in the intestine it is rendered insoluble by admixture with the acid chyme, so that it is not reabsorbed. The biliary acid likewise, by chemical changes, become non-poisonous in the intestine. So that, except in some abnormal conditions, the poisonous elements of bile are precipitated and pass off with the faeces, and the small amount of poison that is reabsorbed is arrested by the liver, as shown by Shiff, and either destroyed or returned again to the intestines. Man forms, in eight hours, enough poison to kill himself simply by the activity of the liver. Bile is nine times more poisonous than an equal quantity of urine. Calculating from experiments on rabbits one drachm of bilirubin is sufficient to kill a man. When these poisonous elements enter the general circulation producing jaundice the great safeguard to the system is free renal elimination. We have here a nice illustration of the wisdom of nature. The part that is not eliminated by the kidneys impregnates the tissues, the anatomical elements and the fluids of the body, and instead of all the tissues being affected equally—those which occupy the lowest rank as regards functional importance, *e. g.* the white fibrous tissue,

take up the greater part and thus protect the nerve cells and other of the higher anatomical elements and organs immediately essential to life. Notwithstanding all nature's plans, effects may be produced upon blood corpuscles, the hepatic cells, the epithelial elements, and may cause destruction of these elements. If disassimilation is hastened we have emaciation. If more rapid, combustion is incomplete and fatty degeneration results. In the case of the hepatic cells this fatty degeneration results in acute atrophy of the liver.

Biliary poisons do not kill by direct intoxication. They break up the blood globules and other cells, setting free toxic substances—principally potassa.

Ptomaines are vegetable alkaloids and are produced by the action of micro-organisms on organic matter. The nature of the ptomaine, and whether toxic or not, will depend upon the kind of bacterium and the nature of the material upon which the bacterium works. In the process of putrefaction ptomaines may be regarded as temporary forms through which matter passes, while being transformed, by the action of bacteria from the organic to the inorganic state. We are thus forced to acknowledge the great impetus given to disintegrating matter by bacteria; and we find this action especially prominent in the intestines.

Charcoal will fix a large part of the toxic matter in the intestines, *i. e.*, hold it so that it will not be absorbed. We produce not antiseptics but disinfection. We are able to prevent auto-intoxication to a large extent by using insoluble, or slightly soluble antiseptics in the alimentary tract. Bouchard used charcoal and naphthalin, and with a certain patient in which he found the urine toxic to the extent that a certain quantity would kill an animal of a certain size, after disinfection three times the amount of the patient's urine given in the same manner was harmless. Charcoal holds the bilirubin; naphthalin suppresses fermentation.

In uraemia the urine has lost its toxicity, the poisons being retained in the system. The urine of such a patient may not be more toxic than distilled water. The old theory that the uraemic symptoms are due to retention of urea in the blood is no longer tenable. Urea is too slightly toxic to cause the symptoms which are doubtless due to the retention of most and possibly all of the seven poisonous principles found in normal urine. It is then a mixed poisoning—not by urine, but by substances which should have become urine.

In treating this condition, one author says it is useless to produce copious diaphoresis, as very little save the water of the blood is removed. Thus bleeding would remove a portion, but at the expense of too much vital fluid. We can employ *antidotes* to oppose the physiological effects of the poisons, *e. g.*, for the convulsions chloroform, chloral and bromide of sodium (not K. Br.). The inhalation of *oxygen* will result in benefit since oxygen will diminish toxicity of the products of disassimilation. *Milk* as a principal article of diet will act as a diuretic and also give rise to but a small amount of residue in the intestines with consequently less absorption. Add to these remedial agents intestinal antiseptics and keep the bowels loose and you will have left little undone. Has the organism no other protection than the kidneys from the poisonous products elaborated in the intestinal tract? Probably the liver gives some protection. Experiments show that extracts of rotten meat are but half as poisonous when injected into the portal vein as when thrown into the general circulation.

No doubt the liver arrests or modifies the toxicity of such of these toxic products as are carried to it. Blood from the portal vein is twice as toxic as blood from the hepatic vein.

In intestinal obstruction with faecal vomiting stomach washings by preventing absorption have removed the symptoms of intoxication. So that by this means we may keep the patient alive for the time while waiting for the obstruction to yield. There are infectious diseases in which microbes inhabit the blood and tissues, but there are other diseases in which the micro-organisms are upon mucous surfaces and only their products are absorbed. And if we do not meet these products and render them harmless before they are absorbed and use our best efforts to prevent their absorption, we are neglecting to use the most important weapon for the defense of our patient.

When the intoxication is of a more chronic nature as *e. g.*, in indigestion which increases normal fermentation and results frequently in gastric dilatation, besides trying to neutralize fermentation we must direct our attention to the removal, if possible, of the causes which have produced the condition. By regulating the diet and correcting faulty methods of eating and by giving hydrochloric acid which prevents anomalous fermentation and aids physiological digestion much good may be accomplished.

In all diseases of the class under discussion we should never

lose sight of the fact that if the myriads of bacteria and their toxic products in the intestines can be made to leave the system by the shortest route, viz, through the anus, it is infinitely better than to have them traverse the more circuitous route of the circulation and make their exit, if at all, through the urethra, lungs, etc. Consequently do not allow constipation to occur, keep the bowels freely open.

I wish to refer briefly to the toxic element due to absorption in enteric fever.

We know that among the most prominent pathological lesions are the intestinal ulcerations and accompanying these are the excessive putrefactions. I think it is pretty well established that the absorption of these toxic products of putrefaction is the chief cause of most of the severe and grave symptoms in enteric fever. In fact, we may look upon enteric fever as a form of faecal intoxication, the typhoid bacilli producing their own peculiar toxins and decompositions. Now, if we could keep these special products out of the blood we would prevent the development of the disease.

The habitat of the bacilli is not the intestinal glands alone but they penetrate and, according to Klebs, are found scattered through various tissues of the body, especially the glandular structures, so that we cannot prevent them from entering the circulation. But, I think by far the largest part of their products are at one time in the intestinal tract and within reach of antidotes. Charcoal will, to a large extent, neutralize the toxic material. Bouchard has shown by experiment that the toxicity of faecal matter may be reduced 80 per cent. by charcoal alone. Then add to disinfection by charcoal a good antiseptic as sparingly soluble as possible—iodoform, naphthalin, beta-naphthol, etc., and you reduce to the utmost the toxicity of the contents of the intestines, and the almost complete disappearance of the agents of putrefaction. Micro-organisms are found in the faecal matter of patients so treated in very small quantity. By these means and by guarding against constipation we cause the fever to run a very mild course. We do not have hyperthermia, delirium, hemorrhages, perforations, etc.

Something can be done in the way of general antiseptia by giving soluble antiseptics to neutralize the poisons in the blood. We should select those substances which are most toxic to the microbe and least toxic to animal cells.

Aniline is four times more toxic than phenic acid, but has but

one-fifth the antiseptic power. Phenic acid and the salts of mercury are about equal in toxicity, but mercury is six times more antiseptic. The biniodide, eminently antiseptic, is less toxic than the bichloride.

While we may not kill the bacteria in the blood we may render them sterile and harmless or at least diminish their activity and prevent their multiplication.

Probably the immediate cause of death in most cases is a toxic one. Naturally it would seem that the disintegration of the last hours of life would cause an increase in the production of toxins, and the excreting organs failing, the system would become poisoned, and we see the symptoms in the death struggle as pupillary contraction and convulsive movements.

THE COUNTRY DOCTOR.

By W. T. BERTRAND, M. D.,
South Bend, Ind.

The country doctor, so called to differentiate him from his more favored city brother, is one who practices his profession in a small village and its surrounding territory. Some of you may have spent the first years of your professional life in one of these primitive fields, but those who have not had such an experience can scarcely appreciate the hardships, inconveniences and adverse circumstances under which the country doctor pursues the noblest profession known to civilized nations.

Picture him if you will at the end of an exhausting and exacting day's labor as he seeks his humble couch and hears the rain-drops descending upon his roof-tree. Like many another laboring man he needs and has earned a full night's repose, but he retires with that sense of insecurity which only a country doctor can feel in knowing that perhaps long before the morning's light he may be found driving in the teeth of the storm many miles away, on an errand which has as its object the relief from suffering and pain of an individual about to leave this earthly realm, or to make more easy the advent of a small stranger. The messenger who calls him in the night may have told him that the heavy rains have produced swollen creeks which have washed many bridges away, making it necessary to select for the midnight trip the steadiest horse, with the chances in favor of being compelled to swim or ford the bridge-

less streams, or perhaps travelling miles out of the way in order to effect a safe crossing.

Having reached his destination, after encountering hardships which would deter many another man, let us follow him into the house where he may have been called to attend a case of confinement. By the dim light of the only lamp we see sitting in solemn conclave the three or four oracles of the neighborhood in the persons of very wise females who certainly believe themselves much more competent to handle such a case than any doctor, and merely welcome him as one who will attest to their preconceived ideas of greatness. One of the oracle's greeting is "Doc. this is just the stage to administer a teaspoonful of gunpowder." Another sniffs contemptuously and avers that a teaspoonful of lard would do more good than all the trumpery in the druggist's shop. A third shifts her pipe long enough to remark that the virtue in chewing a rind of fat bacon cannot be too loudly extolled. So each in her turn thus sagely unburdens herself, the last wisely holding off like a wise general until the rest have offered their suggestions. With a manner which seems to indicate that she is certain of winning the battle, and amid an impressive silence she tells the doctor and the balance of the disciples of Lusk, Parvin, Playfair and King that her Sarah Jane, who was having just such a time, was made to blow three times in the neck of an empty bottle and her child was born at once.

Picture if you will the ludicrousness of the scene and think of the skill and diplomacy the doctor must be master of to waive aside these ignorant and ill-advised suggestions and proceed as the case demands. The diplomacy that must be exercised to do this and still retain the respect and confidence of these advisers, if it could only be known at the proper place in Washington, would probably result in sending him as an ambassador to the court of St. James.

How many times does the country physician, in his battle to save the lives of the very sick, find his efforts handicapped by the mischievous advice of self-important neighbors, and the devil-inspired efforts of friends and relatives to visit the patient to death, for having gone to the house they think they would be derelict in duty did they not sit at the bedside for an hour or two and hear from the patient's own lips "just how they felt." Not satisfied with half killing the patient with their ceaseless tongues and stories of sickness and death of others suffering from the same malady, they

must add to the mischief by telling the relatives and friends that it seems quite probable the doctor does not thoroughly understand the case. After having unloaded all of the mischief that they are capable of at one time, they wend their way homeward to their own chimney corner confident in their serene and shallow mind that they have done a christian and charitable duty. The harrassed and overworked doctor who is doing all that modern science and skill can suggest to overcome their harmful influences is given no further consideration than that accorded any prey.

Think of the mortification and embarrassment that comes to the country doctor when the patient, upon being advised that surgical interference is necessary, unhesitatingly says that if there is any cutting to be done he will have it done in the city where the doctors know something, or else have the city doctor come to him, the country doctor being given an opportunity to distinguish himself by giving the chloroform. As if this was not sufficiently galling they compel him to wait for his two dollar fee until the following Fall when the potatoes have been dug, while the city doctor pockets a good fee paid in cash. Perhaps the country doctor may even be told by some of his pseudo friends that if he had the courage to do something like the city doctor does he might make more money. He restrains himself from murdering these busy-bodies only because it is his mission to save rather than destroy life, and reflects that it may only be a short time before he can get even by prescribing a heroic dose of physic.

A well known medical man once made the statement that any woman who had passed the age of forty and had made a failure of everything else, felt herself called upon to proclaim herself learned in medicine and disease and peculiarly fitted to attend the sick. Upon careful deliberation he thought that such a woman ought to be led out and shot as a protection to the community, and if not disposed of in such a manner she ought to be shut up in an asylum until she recovered from her dangerous monomania. She is the bane of the country doctor's life, for she interferes with him at all times of day and night. She will at the most critical times set his medicines aside and administer sassafras tea, onion juice and skunk's oil, telling the patient that if the remedies do not do any good they will not do any harm as they are not as dangerous as those prescribed by the doctor. She has a remedy for every illness and considers it her whole duty to not only recommend the

remedy but insist upon its employment, no matter what the directions of the doctor may have been. She drives many miles to see a pneumonia patient and bravely asserts that nothing but an onion poultice, assisted by the internal administration of skunk oil will do the patient any good. The doctor's medicines are set aside, the patient's feet put in hot water, conveniently near a draught of cold air, and after the proper length of time the patient very promptly dies. The mischief maker promptly informs the relatives and friends that too much strong medicine and lack of earlier application of the onion poultice and administration of skunk oil is responsible for the fatal result. This same presumptuous individual believes implicitly in the efficacy of a poultice made of the fecal matter of a brindle cow when applied to the inflamed and swollen joints of an individual suffering from rheumatism, and the doctor has his olfactory sense shocked, and with difficulty restrains himself from venting his wrath, when he finds that his rheumatic patient has thrown the prescribed medicines aside in deference to a preference for this, to say the least, malodorous treatment. She has also been to see the child that was suffering from the effects of a burn, and when the doctor is hastily called at midnight by a message that the child had been sinking steadily since his first visit in the afternoon, he learns how little sense, if any conscience, the woman possesses, for he is told that several doses of laudanum have been administered "just to quiet the little one and enable the child to recover." The child dies peacefully and quietly, and the neighbors one and all give Mrs. Busybody praise for being such a kind good christian woman, with such an abundance of knowledge as to how suffering can be relieved.

And then there are many times when the country doctor is grievously in need of money. People in country districts, as a rule, have no compunctions of conscience as to the length of time that doctor's bills should run. When the doctor asks for money from a man who he knows has money in the bank and has owed him for one or two years, he is met with the exclamation, "Why Doc, you must be in a hurry or else you are afraid that I am going to cheat you." More than likely the bill in the end will be paid with all kinds of vegetables, animals and other things of uncertain quality for which three or four prices must be paid.

Oftentimes his lot is cast among people who are believers in superstitions, incantations and pow-wows, who hamper him pro-

professionally and tend to destroy his faith in mankind; who falsify to him and of him and whose very salutations are disrespectful. He is subject to many long drives at great loss of sleep and food, over bad roads, through terrible storms, and suffering from the effects of cold, heat, and dust. He meets some faithful hearts and some prompt pay, but he soon comes to recognize that the greater part of his time and skill must be given to those who cannot pay, or would not if they could. Some are grateful; the majority are not. And so the country doctor pursues his round of hard work with little to cheer and much to vex. Yet he does not falter, but continues with patience his service of relieving mankind.

As he drives homeward in the early morning after an all night's vigil with a suffering woman who has just given to the world a new born babe, his thoughts turn to the scenes about him, and conscious of having performed his duty a sense of satisfaction comes over him which seems for the time being to offset the trials and tribulations under which he constantly labors. As he approaches his journey's end he sees the sun's first faint rays shooting over the distant hills. He notices the flight across the open of the small gray owl carrying the breakfast to her young, and notes the happy squirrel as he jumps from hedgerow to hedgerow. He hears the beautiful call of the lark to her mate as she soars upward, and there is wafted to his ear the tinkle of the bell from the distant pasture. As he mounts the hill and sees the distant village spread out before him, and the smoke curling upward from the chimney of his own home, he is seized with a sense of the beauties of nature and a feeling of charity for all mankind. He is glad that he faced the storm of the night before to answer the call many miles away, and has a silent satisfaction in knowing that through his fidelity and skill a worthy woman has been relieved in the hour of her distress, and another soul has been ushered into the world. Even though the husband and father may be a "dead-beat" and dishonest, the doctor considers the wife worthy, and remembers the words of his old professor who said "In holding the man up to judgment, my boy, do not let the women and children suffer."

As the horse goes wearily down the hill and approaches the home, the doctor thinks of the time many years ago when he came to the village and proudly flung his banner to the breeze, with many proud plans for the future. He thinks now of the middle age that is fast creeping o'er him, and of the many plans of his

young manhood, scarcely one of them fulfilled. But through all there is one thought that is uppermost in his mind, and that is that at all times, in winter's storms as well as summer's heat, he has served the people faithfully and well, though the people have been sadly lacking in their duty toward him. Perhaps during his life he has not been as attentive to religious devotion as some might wish, and perhaps the recording angel has placed a long list of profane remarks beside his name, but to my notion they will be forgotten in the welcome that he so richly deserves, and the good Lord will admonish the recording angel for being too impartial a book-keeper.

CANNABIS INDICA IN EXCESSIVE MENSTRUATION.—While the curette is the ideal instrument for attacking excessive menstrual flow, there remains a number of cases that will not permit operation, and others in which the trouble is entirely one of functional derangement. In such cases, especially where the exciting cause is an irritation arising in the Fallopian tubes or in the ovaries, 10 to 15 drop doses of tincture cannabis indica, given every three or four hours, is often curative. It should be commenced a few hours after the flow sets in, say twelve to eighteen hours after, and continued until its effect is produced or the symptoms abate. Much will depend upon the character and purity of the product used as to the amount of benefit received.—*Therapist*.

(A word of caution as to the use of cannabis indica may not be amiss, for it must not be forgotten that this drug is one of the most treacherous in the entire pharmacopoea. This is perhaps true largely owing to the difference in character and strength of the various preparations that are found upon the market. No preparation except that of recognized strength, as determined by physiological tests, should be employed.—ED.)

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of April:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	5	0
Scarlet Fever ..	1	0
Measles	0	0
Typhoid Fever	2	2
Tuberculosis	not rep	7
Cerebro-Spinal Meningitis.....	not rep	2
Small-pox.....	0	0
Chicken-pox.....	not rep	not rep
Whooping Cough	not rep	not rep
LaGrippe.....	not rep	1
Total deaths from all causes.....		54

CONSERVATIVE TREATMENT OF DISEASED OVARIES AND TUBES.

There can be no longer any doubt of the good results of conservative operative work on diseased tubes, ovaries, and, it may also be added, the womb. Myomectomy in suitable cases leaves the woman in possession of all her organs and subjects her to no more risk from the operation *per se* than does hysterectomy. The saving of one, or a portion of one ovary, relieves the patient from the disagreeable symptoms of an artificially produced menopause, which symptoms are often distressing and sometimes disastrous. Resections of portions of diseased tubes and ovaries are now recognized procedures. Pregnancy has several times followed such operations. Dr. Dudley, of New York, reported at the last meeting of the American Gynecological Society 103 consecutive operations of this character without a death. Dr. Dudley (Dr. Johnson's paper in *Am. Gynecol. and Obs. Journal*, Jan., 1899), does not hesitate to cut away the diseased portion of the tube and stitch the remaining portion to the ovary.

So-called radical operations are often times the most conservative. Conservative operations so-called, may be useless, or absolutely harmful, unless judiciously applied. To be able to operate well is scarcely half of the surgeon's duty. He must know when to operate and how, *i. e.*, what kind of operation is best for each case.

P.

CURE OF FUNCTIONAL IMPOTENCE.

Nearly every practicing physician is frequently consulted by men of varying ages for relief from sexual weakness or functional impotence, though it is well known that the greater proportion of this class of cases fall into the hands of mendacious quacks, who secure their victims through the medium of ingenious advertisements placed in the daily and weekly press, the large monthly magazines, or sensational periodicals. Every community has its share of men and boys who suffer from the effects of sexual vice, and who, through reading the vile literature which "lost manhood" establishments send out are led to take an exceedingly gloomy view of their condition, and therefore eagerly grasp at anything which offers the faintest hope of giving relief. In many instances these unfortunate cases fall into the hands of advertising quacks because of a

lack of sympathy on the part of the family physician, or lack of effort on the part of the physician in gaining confidence and admissions of guilt when consulted for certain nervous or neurasthenic symptoms which are known to be frequently due directly to the debilitating effects of sexual vice. The subject deserves more consideration by the profession, for it is not only possible to cure the majority of these cases and save them the mental anxiety which quack doctors encourage for pecuniary gain, but it will be found that there are none so grateful as those who find their sexual powers being restored, and none who will pay more liberal fees.

The cure of functional impotence has been made the subject of an interesting paper by Dr. J. A. Murray in the *New England Medical Monthly*. He advocates ligation of the dorsal vein of the penis for the cure of functional impotence and reports twenty-six cases operated upon with twenty reported as successful, one failure, and five cases yet to hear from, at least four of which are thought to be successful. Among cases reported are both old and young men, a large percentage of whom were victims of sexual vice. In the first case cited the patient, sixty-three years of age, found himself impotent soon after marriage to his second wife, a strong, healthy, active young woman, twenty-two years of age. A large dorsal vein was ligated, with the result of producing satisfactory cure. Three years later the patient reported that he was suffering from no diminution of sexual power. Other cases reported are equally assuring as to the good results of the operation.

Dr. Murray concludes by saying that the operation is warranted in all those cases "where there is an enlarged dorsal vein in men with strong sexual desire, who fail in intercourse on account of imperfect erections due to too rapid emptying of the veins of the erectile tissue." At the same time proper attention should be given to other pathological conditions of the urethra which may be coexistent with an enlarged dorsal vein, and upon which impotence often depends.

This subject becomes more interesting in view of reports to the effect that operations for varicocele result in increase of sexual power. Dr. Williams, in the February *Clinical Journal*, says that his experience is that after an excision of varicose veins patients have been more virile and enabled to fulfill their marital duties in a manner that was formerly impossible. In one case of large varicocele, with sexual debility, an operation resulted in sexual rehabil-

itation. Other operators report results along this line which warrant the belief that in ligation of the dorsal vein of the penis we have a cure for functional impotence.

The subject of sexual weakness is one of socialological as well as scientific interest and effecting as it does such a large portion of our population it should receive more extended attention with a view of lessening the number of mental wrecks whose misfortune, if intelligently handled by the medical fraternity, would result in releasing these individuals from the bondage of melancholic dementia into which they have perhaps fallen.

A. E. B.

THE AUTOMOBILE.

The success of the electric cab on the streets of New York seems thoroughly demonstrated, and the "automobile" has taken its place as a popular means of travel. At the present time over one hundred electric cabs and broughams are in commission in the city and during the coming year the number will be doubled.

In general appearance the new vehicles greatly resemble the standard variety of cabs and broughams, with the one exception that the wheels are supplied with five-inch pneumatic tires, which are pumped up to a pressure of sixty pounds to the square inch. The cabs are driven by two Westinghouse waterproof, ironclad motors, capable of exerting four horse power combined. The batteries are contained in a compartment for the purpose located under the driver's seat. The charging of the batteries and reloading of the electric vehicles is done at the station or barn. Each vehicle is supplied with a complete gear for steering and controlling the speed. The controller provides for speeds of six, nine, and fifteen miles per hour, and the batteries have sufficient capacity to run the cabs for a distance of from 25 to 30 miles.

It is an interesting fact that physicians form a large part of the patronage, owing to the ease and expediency with which emergency journeys can be made. Even business men find that they can make hurried journeys in less time than by other modes of travel, and not a few of them are regular patrons of the automobile company in traveling to and from their places of business because of the saving in time over other means of travel.

The utility of the automobile in stormy weather was clearly demonstrated during the severe snowstorms of the past winter,

the electric vehicles remaining on the streets in active service long after the cabs and broughams propelled by horses had given up the attempt.

The success of the automobile in New York City means that in a very short time the smaller cities and towns throughout the United States will be supplied with automobile cabs and broughams, and later automobile carriages of all descriptions. While this does not mean that horses will entirely lose their occupation as propellers of vehicles, it does mean that the sphere of usefulness of the horse will be greatly limited and the demand for them correspondingly decreased.

If one were to watch the wheels of any ordinary conveyance, driven on most any of the country clay roads during the spring of the year, and note the ease with which they go to their axles in the mud, it would seem that automobiles would never come into general use except in the cities having paved streets; yet we predict that the automobile, like the bicycle, will be the means of encouraging the building of better roads, and that the time will come when every main road throughout the more densely populated districts of the United States will be either macadamized or rebuilt in such a manner that "axle deep mud" will be a thing of the past. The desire for comfortable as well as expeditious travel throughout country districts will be largely responsible for the improvement, but the automobile, the latest and deservedly the most popular means for comfortable and expeditious travel, will play no insignificant part in bringing about the change.

To the physician the automobile will prove of signal service from nearly every point of view; for added to the ease and rapidity with which he can be conveyed to and from his patients, and the sense of security he has in knowing that in stormy weather, or when hard pressed during busy seasons, he will not be accused of or arrested for cruelty to animals; he also has the satisfaction of knowing that the vehicle is not consuming corn and hay, or in fact causing any expense whatever except when used, and then to an extent much less than that reached when keeping horses for similar work.

This is a progressive age, and while "the passing of the horse" is a future possibility which many look forward to with regret, yet we believe that the horse, like the old-fashioned sickle, the tallow candle and many other relics of the past that have given way to

improvements, must step aside for the automobile. Together with those who are carried forward in the tide of progression we will welcome the time when the automobile will be the vehicle of almost universal use, even though the "passing of the horse" gives us a tinge of sadness when we remember how that faithful animal has played such a prominent part in both our work and our play.

A. E. B.

NEWS NOTES AND COMMENTS

To prevent the spread of tuberculosis a herd of nine Alderney cows suffering from tuberculosis were shot at a dairy in Bethlehem, Pa., by order of the State Veterinary Board.—*Med. Record*.

In taking X-Ray pictures at the patient's house it is no longer necessary in the large cities to transport large electric batteries from the office. New York physicians call up an automobile over the 'phone, and as it stands at the door attaches to its storage battery wires leading to the sick-room, and the skiagraph is taken without further trouble.—*Med. Record*.

The Board of Public Education of Philadelphia has adopted a resolution earnestly protesting against the passage of the anti-vaccination bill now pending in the Philadelphia Legislature, and requesting its defeat. It is a matter of satisfaction to know that the proposed bill will meet with an unfavorable recommendation from the committee on public schools, in whose hands it was.—*Med. Rec.*

The English Admiralty have taken a decided stand regarding the question of vaccination and have issued the following orders: "Unvaccinated families are not to be allowed to live in barracks, nor are they to be conveyed to any foreign station at the public expense, nor is any unvaccinated child to be allowed to attend a divisional school." The order is certainly a drastic one, but then the anti-vaccination faddist requires a drastic treatment, and it is

idle to contend that the Admiralty have acted other than with sound common sense, and with a view to the interests of the public service and the lives for whom they are responsible. It will be a bitter pill for the "conscientious objector" to swallow.—*Therapist*.

The *Sanitarian*, March, 1899, announces that among the first results suggested by the prospective supersedure of the horse by compressed air as a civic motor power is the establishment of a market for the sale of horse flesh for food. A company has asked permission to sell, in the city of New York, dressed horse meat for table use, and says that it is willing to compare it with the best dressed beef sent from Western ranges. In asking for permission, the company says it wants a location "where can be found the Italian, German, French and Bohemian elements, who are large consumers of horse meat in their own countries." They also respectfully ask the members of the Board of Health to set aside any personal prejudice that may exist and look at the matter from an unbiased standpoint.

It is further announced by the company that the horses that are to be slaughtered are bred solely for food purposes, and none are to be used that are over five years of age. The slaughtering is performed under the supervision of the United States Department of Agriculture, Bureau of Animal Industry. In the application the company presents arguments relative to the advantage of horse flesh for food. The price of the choicest cuts would not exceed five cents a pound. The company wants to do the slaughtering in North Dakota and ship the meat to New York in refrigerator cars.

"The Tongue in the Most Important Diseases" is the title of a paper by Dr. M. Coffinas (*Deutsche Medizinal-Zeitung*, February 20th; *Med. Record*, March 25th) in which the following statements appear:

I

1. Typhoid: At the beginning soft, moist, somewhat sticky, covered with a thin coating. The latter has generally the form of a V, with the apex directed backward. If the tongue retains these characters during the course of the disease, the prognosis is favorable. In addition, we find at the beginning a redness of the point and edges and red scattered spots over the entire surface. In the second stage the redness increases and dryness is added; finally,

the tongue appears brown or black, and is small and fissured. Toward the end of the disease the crusts, which consist of dried food and blood, fall off, the tongue is red and dry, the epithelium is lost. Finally it assumes its moist, whitish appearance.

2. Measles: In mild cases redness at the point and edges, and white coating of the base. Dryness only in severe cases; in the prodromal stage we find, on the buccal mucous membrane and also on the tongue, small, bluish-white efflorescences, with a congested circumference.

3. Scarletina: Intensely reddened on account of total desquamation; papillae very prominent (strawberry tongue).

4. Pertussis: In many cases ulceration at the fraenum.

5. Pneumonia: Similar to typhoid fever.

6. Cholera: Only of interest in the algid stage. Pale, livid, cold (corresponding to the temperature of the extremities, lower than that of the axilla).

7. Phthisis: Even with a temperature of normal character, moist. Lesegue says: "Whosoever has a good moist tongue, eats with an appetite, and has some pyrexia at night, is a phthisical subject." Of course this applies only to the mild cases.

8. Diabetes mellitus: Dry, brown-red, fissured, clinging to the hard palate. Papillae hypertrophied. Hairy tongue (due to leptothrinx).

9. Morbus Addisonii: Black spots on the tongue occasionally occur.

BILL NYE AND THE NURSES.

I have just been sent to the hospital for twenty days.

My physician did it.

He did it with an analysis.

Anybody who amounts to anything nowadays gets analyzed.

Sometimes you find casts, sometimes you find maple sugar, and sometimes you find acids, oxides, paints, oils, varnish, white lead, borax, albumen, lime, hair and cement. In these cases the patient should be placed under a strict diet, or he will, in the course of his life, become a corpse.

I go into details about this, because a false impression got out a few weeks ago to the effect that I came here for another purpose. A reporter came to see me and I sent word to him that I was then

out on the operating table in such a position that I could see **no** one, while an elderly surgeon was engaged in removing a **porous** plaster received during the war.

I was not serious in saying this, but unfortunately I have **the** reputation for absolute veracity and seriousness, so that the **state-**ment got into the papers as bona fide, and caused American **secur-**ities to go down two points in one day.

I like it very much here.

Saturday.—Another little cripple boy named Charlie **comes** afternoons to play with me. We have a set of building blocks **and** can make most anything.

Yesterday the Chicago Ladies' Society for the Prevention of Good came to see us and gave me a kiss and a red apple.

The lady who kissed me was the vice-president of the **society**, and hurt me when she strained me against her breast-pin. I **hate** a woman who cannot control herself that way.

I went and took a dose of medicine to take the taste out of **my** mouth.

Tomorrow we have an operation here in my ward. A **large** lady from LaSalle will be removed from a Hungarian tumor.

The medical students will be here and see the operation. **The** best student for 1894, who has been neither absent nor tardy, **will** get the tumor.

I have to diet very closely, or I may gradually have a **diabetic** tendency. I get a slice of toast every day and a thermometer.

The rules are very strict. Patients are requested not to **die** in the house.

Some of the nurse girls are perfectly lovely. They are **very** pretty and kind-hearted. I like to have one of them hold **me up** in my little cot while I am drinking my koumiss at night.

Sunday, 3 p. m.—An analysis to-day shows more casts, **fibrin**, gelatin, and some zinc and copper. The chemist also **discovers** that in 1853 I fell from an apple tree and tore my panties in **two** places.

Last evening we had a concert and operation at the **hospital**. Yesterday afternoon the North Side Ladies' Society for the **Preven-**tion of Good paid us a visit. I crawled under the covers and **re-**maind in a rigid attitude, giving them a sort of stiff, as a **partially** idiotic friend of mine said afterward.

The general secretary spoke as she passed by something **about**

"kissing him for his mother," but as she started to raise the sheet from my face I bit her a little in sportive mood, and she gave a shrill and echoing scream. I do not mind being an invalid, but charitable societies must not press me to their bosom. It hurts.

Monday, 4 p. m.—Temperature two-fifths of one degree above normal. Pulse regular, but sluggish. Have got all my business arranged; even to terms for shipment home. Ate scraped raw beef for breakfast, using rear quarter of Colorado steer, with pepper and salt on same. Acute gastritis seems to be one of the features of disease. I have to eat simple things like raw bullocks and keg oysters.

Another chemical and microscopic analysis was made yesterday of sputum, showing traces of nicotine and other poisons. Adieu, kind friends, I'm going home. A sweet young novice, who is training for a nurse, took my pulse this a. m. Took quite a while to find it, but I did not murmur or repine. I am trying to learn to love everybody, for to that bourne to which my chemist says that I am going, I should carry with me no enmities, no bitterness. Ta, ta, vain world, begone—

Ah, here comes the other rear breadth of the bullock! Pass me the salt, please, and see that my grave is kept occasionally squirted on during the dry weather. I have left a small fund for the purpose.

The life here at the hospital is delightful, and while I am fading away it is a joy to have loving hands bathing my little hot footies and manicuring my knobby brow.

The Stockyards' Flower Mission paid us a visit this a. m. and left a big, wet cauliflower on each breast.

One large porterhouse lady, with a blue badge on her flank laid a big egg plant on my pillow, and when I sung out cheerily, "Cut, cut, cudat cut!" she cursed me bitterly and called me a great, coarse thing.

She was right. I ought not to frolic on the crumbling edge of a long, dank grave.

Good-bye, wicked world. After December you will have to pay your own taxes, so the chemist says, for traces of one lung, also floating island and ice-cream were found in this last analysis. Do not mourn for me, kind friends, and choke and sob and make yourselves sick. It will be vain. Just live as I have done, so that you may come where I am at. Live upright lives and run the lawn

mower about every ten days o'er my humble grave during the summer. That is all you can do. Weep not. In me you have lost a man who can never be replaced, but never mind—the world will have to drag on somehow. I couldn't be here all the time. Anybody with a particle of sense must have seen that I couldn't live forever.

P. S.—While penning the above words a messenger boy has come swiftly in with a note from the chemist. He says in his note:

“We regret that an error was made in your case by our assistant, who, in the rush of business here at the college, has got your analysis somewhat confused with that of the justly celebrated race horse, Nancy Hanks. We unfortunately got the sputa mixed. On going over your case again, we find that, whereas there are signs of glanders in the Hanks analysis, you are, as a matter of fact, almost too healthy. You have phenomenal health and seem free from tendency to pleuro-pneumonia, thrush and epizootic, while in the Hanks case there are tubercles present and signs of bots.

“Abstain from pie in large quantities and avoid night air. We hardly know what to suggest for you to use in place of the night air, after dark, but you must not use night air. Wear heavy Norwegian woolen socks during the cold weather and do not think too much. You are prone to overthink yourself. Go carefully in this direction and you will live to be a burden to your friends. Wishing you good fortune and regretting the confusion of your case with that of Hanks, we beg to enclose our bill and to wish you well.”

So today I leave my kind little nurses in their sweet and neat attire. Good-bye, girls, I'm going home where they know me. No one there will count my fevered pulse in the still watches of the night. No one there will put a nice hot-water bag, that feels like a Mexican hairless dog, at my feet.

I wring the hand of the superintendent with reluctant haste, and leave the hospital with regret at 2 p. m.

Seriously, what a blessing it is, when we are weary of work and the gastric functions go on a sympathetic strike and the solar plexus goes away and sits down on a stone pile to weep over the situation; when you are in that state of pneumogastric flunk where even you have to threaten your digester with arrest, and liver sulks in a corner, and Old Man Gastric buttons up the coating of your stomach and looks sour, what a godsend that one can go to one of these cosy corners, out of the current of whoop and hurrah, and eat raw steak and be sort of made much of.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. MC CASKEY, A. M., M. D.

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HYSTERIA IN CHILDHOOD.—Dr. Herman B. Sheffield (*New York Medical Journal*, Sept 24, 1898), says the symptomatology of hysteria is characteristic for its changeability and multiplicity. In the United States it is observed as a rule in the following order of frequency: (a). Spasmodic affections (convulsions, spasm of the laryngeal muscles—croup—contractures, catelepsy); (b) sensory symptoms (painful sensations, anaesthesia, blindness, contracture of visual fields, hemianopsia, deafness); (c) motor disturbances (paralysis of the extremities, paralysis of the laryngeal muscles—aphonia); (d) visceral and vasomotor disturbances (affections of the alimentary canal, dyspnoea, tachpnoea, hyperpyrexia).

THE DIFFERENTIAL DIAGNOSIS BETWEEN ABSCESS OF THE LIVER AND MALARIA.—In a recent article by Dr. E. E. Field, published in the *Georgia Journal of Medicine and Surgery*, the writer gives the following points to aid in diagnosis:

- “1. No uncomplicated ague resists quinine in full doses.
- “2. In malaria, if the liver is enlarged, the spleen is still more so; the reverse is the case in liver abscess.
- “3. The plasmodium can not be found in the blood in non-malarial hepatitis.
- “4. In liver abscess the fever is almost invariably an evening one; in malaria it most frequently comes on earlier in the day.
- “5. Quotidian periodically, contrary to what is the case with

tertian or quartan periodicity, is by no means pathognomonic of, nor peculiar to, malaria.

"6. The almost invariable history of antecedent dysentary, or at least of bowel complaint, in liver abscess."

STRYCHNINE IN ALCOHOLISM.—Federoff (*Revue de Therapeutique Medico-Chirurgical*, June 1, 1898), has used strychnine in twelve cases of alcoholism with the following results: He believes that the catarrhal processes associated with this condition are rapidly ameliorated and that neurasthenic tendencies are favorably influenced. Thus insomnia and other grave nervous troubles rapidly disappear, the strychnine seeming to produce sleep, so that the patient rested an ordinary length of time for five or six days. The strychnine also seemed to dissipate the nervous unrest of the patients, relieve the pains of which they complained, and in this way aided in producing a cure. To this extent he believes that strychnine is a cure for the alcohol habit, but he does not think that it has any definite specific influence.

TREATMENT OF ECLAMPSIA.—During the attack itself, administer chloroform. As soon as the attack passes off give hypodermically fifteen drops of the fluid extract of veratrum viride, and a drachm of chloral in solution by enema. Place upon the tongue two drops of croton oil. Induce diaphoresis by hot packs and extra bed clothing. Inject by gravity under the breast a pint or more of decinormal salt solution, or several quarts of the solution by enema. If convulsions recur, repeat the veratrum in five-drop doses if the pulse is quick and strong. If the face is congested and the pulse full, employ venesection enough to reduce the pulse. The chloral may be repeated during the attack two or three times. Use stimulants if the pulse is weak and rapid. If the convulsions cease and the patient is in a stupor but can be aroused enough to swallow, give dessert-spoonfuls of concentrated solution of Epsom salts every fifteen or thirty minutes until free catharsis takes place. These condensed directions should be carried in the pocket-case of every obstetrician.—Dr. Barton C. Hirst. (*Medical Record*).

THE THYROID THERAPY.—The *Northwestern Lancet* of June 15, 1898, has in it an article on Thyroid Therapy, by Haldor Sneve. The conclusions which he reaches are as follows:

1. The thyroid gland produces a secretion of the greatest importance to the metabolism of the body. Absence of function produces cretinism if congenital, myxedema if acquired.

2. Simple hyperplasia (simple goitre) does not produce marked pathological disturbances, but the writer believes it to be a larvated form of exophthalmic goitre, and that so-called "nervousness" can be found in the vast majority of cases.

3. Hyperplasia associated with disturbance of the cervical sympathetic is the disease known as exophthalmic goitre.

4. Surgical interference in diseases of the thyroid gland should be limited to the removal of neoplasms; thyroidectomy in exophthalmic goitre is unphysiological, irrational and dangerous.

5. In the majority of cases of exophthalmic goitre, medicinal hygienic treatment, galvanism through the neck (two to five milliamperes), tonics, sodium, rest, phosphate and thymus gland will effect amelioration. In cases refractory to medical treatment where life is threatened, section of the cervical sympathetic should be practiced.

6. Many cases of neurasthenia are cases of masked exophthalmic goitre and should be treated accordingly.

7. Thyroid therapy is specific in sporadic cretinism, myxedema, and simple goitre, and removes obesity.

8. Thyroid extract increases the unpleasant symptoms in exophthalmic goitre, and is a reliable test also in the masked form of this disease.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

SOME DONT'S.—Don't catheterize a woman by touch, look at what you are doing and cleanse the meatus before introducing the catheter.

Don't use styptics.

Don't use a catheter without first sterilizing it.

Don't use purgatives in suspected intestinal obstruction.

Don't use large ligature and suture material when smaller will do.

Don't leave a woman after labor without *looking* to see whether or not there is any laceration.

Don't believe a woman's statement to the contrary when you find evidences of pregnancy.

Don't trust important duties, however small, to untrained help unless you can watch and direct them.

Don't regard any case of pain in the belly as trivial without a careful examination.

Don't tie stitches too tight. To tie them any tighter than is necessary to hold the divided parts in coaptation is to invite stitch-hole abscesses and delay in union.

Don't fail to empty the bladder and rectum early, in all cases of labor, if they are not already empty; and don't forget that the bladder may refill in a few hours.

Don't decide as to the nature of any tumor in the hypogastrium until you have introduced a catheter into the bladder; and don't forget that in old men the urethra may be greatly elongated by enlarged prostate.

EPIDIDYMITIS.—Twenty cases of epididymitis successfully treated by the local application of guaiacol, 1 cubic centimetre of the drug being painted over the cord, and 1 cubic centimetre dissolved in 2 cubic centimetres of glycerine over the inflamed testicle. It is usually necessary to renew the application every day for several days.—J. Clifford Perry (*Med. Record*, Jan. 7, '99)—*Monthly Cyclop.*, Feb., '99.

UMBILICAL CORD, TREATMENT OF.—Budberg (*Cent. f. Gynak.*, No. 47, '98) advises wrapping the stump of the umbilical cord in cotton soaked with alcohol. A layer of cotton is placed over the whole. The advantages claimed are the fact that the cord dries absolutely in an aseptic condition, that suppuration does not occur, and that the cord promptly separates.—*Monthly Cyclop.*, Feb., '99.

FURUNCLE—TREATMENT OF.—Furuncles are always caused by infection from the surface, usually along the hair-follicles. In

order to prevent general furunculosis, the surface of the boil should be washed with a 1 to 500 solution of mercuric chloride, the washing being extended for some distance around the primary abscess. The application should be made at least twice daily, and, after rupture or incision, the abscess-cavity should be carefully irrigated with a weak mercuric-chloride solution.—H. H. Stoner (*Med. News*, Jan 14, '99)—*Monthly Cyclop.*, Feb., '99).

PHLEGMASIA ALBA DOLENS.—The most recent French therapy of Phlegmasia Alba Dolens is absolute quietude of limb affected in a felt-lined splint.

At the commencement, soothing liniments, belladonna, opium; cover limb with soft lint and oiled silk; take care not to blister skin.

After second week unctions with mercurial ointment or belladonna salve should be made, avoiding all rubbings or frictions.

After twenty-five to thirty-five days of absolute immobilization, the limb may be allowed freedom, subject to slight compression, but free use of the limb should not be permitted until after the fortieth day, for fear of embolisms.—*Cincinnati Lancet-Clinic*.

MENORRHAGIA IN YOUNG GIRLS.—In cases of menorrhagia in young girls the rule is to examine for evidence of recent abortion, as that is the most frequent cause. But it should always be remembered that obstinate constipation with fecal accumulation plays an important part as a causative factor in the production of menorrhagia, not only from a mechanical, but also from a toxic point of view. The retention of ptomaines, derivatives of putrefaction, nitrogenous compounds, phenols, indol, skatol, etc., remaining in the intestine induce stercoremia, which is a prominent cause of hemorrhage. In such instances the physician must therefore direct special attention to combating constipation in all cases.—*Am. Jour. of Surg. and Gynecol.*, March, 1899.

WET DRESSINGS OF ALCOHOL.—Zangger (*Lancet*, Jan. 28, 1899), has produced the greatest relief in inflammation of various kinds, felons, lymphangitis, furunculosis, etc., by covering the inflamed areas with gauze and cotton saturated with strong alcohol. Over this is placed a sheet of guttapercha tissue to prevent the alcohol from evaporating, and the whole is held in place by a

bandage. In numerous cases such a dressing was used alternatively with a wet dressing of 1:2000 bichlorid of mercury in water, and after failure of such a dressing to control the pain and swelling, and the rapid improvement under the alcohol applications left no doubt in his mind that it was far superior to a watery dressing. The dressings are not serviceable in chronic glandular swellings.—*Med. News.*

IMPACTION OF RECTUM OBSTRUCTING LABOR.—J. M. Postelle, (*Philadelphia Medical Journal*), was called in haste by a midwife and a “quack doctor” to “bring instruments to operate.” The patient, a primipara aged 17, had been in labor two days, and was greatly exhausted. Her attendants had diagnosed a “cross birth, with knee presenting.” Examination showed the rectum to be distended and impacted with a fecal mass as large as a child’s head. With some difficulty the presentation was made out to be a vertex with the cervix fully dilated. The mass in the rectum was broken up by the finger and a syringe nozzle, and removed by irrigation. Labor was concluded naturally and safely two hours later. Had the patient been left to her ignorant assistants, it is doubtful if she could have lived many hours, as her pulse and general condition showed great exhaustion.

FORMALIN IN INOPERABLE SARCOMA.—Dr. William Mitchell (*London Letter Med. News*) reports a case of fungating sarcoma of the face in which by the application of a strong solution of formalin he succeeded in stopping the hemorrhage after all other measures had failed.

The application not only stopped the hemorrhage promptly, but also mummified the growth to a depth of nearly a half inch. This mummified portion being anesthetic was cut and curetted away and another application made. This process was repeated until the growth was entirely removed. The formalin was applied on pledgets of cotton. The application produces considerable pain for some hours, and also considerable edema of surrounding area.

The formalin seems to have a greater affinity for the neoplasm than the normal tissues, thus rendering it easy to map out by sight and touch the growth. (The drug certainly gives much promise in the way of alleviation of hemorrhage in these cases, and by its use we may be able to cure some cases otherwise incurable—ED.)

OPERATIVE GYNECOLOGY IN THE INSANE.—W. P. Manton, of Detroit (*Med. News*, March 11, 1899) writes a paper on the above subject and gives a table giving the results in 17 cases. In 4 cases of melancholia there were 2 recoveries. In one a ventro-fixation for retrodisplacement was done and in the other a lacerated cervix and perineum were repaired. Seven cases of dementia were operated upon with no relief in any of them. In three cases of periodic insanity no benefit followed in one from whom an intraligamentous cyst was removed; one was improved mentally by vaginal hysterectomy and perineorrhaphy for complete pro-cedentia; and one after divulsion, curettage and trachelorrhaphy for endometritis with laceration of the cervix.

One case of paranoia improved mentally after ventral fixation for retrodisplacement of the uterus. Two cases of acute mania were operated, one by divulsion, curettage and trachelorrhaphy for laceration of the cervix and endometritis; and one by curettage and removal of hemorrhoids for endometritis and hemorrhoids. Both recovered mentally.

In five cases in which the mental condition remained the same there was noted a change for the better in the physical condition of the patients.

The author holds that the insane woman suffering from pelvic disease is entitled to relief from her physical infirmity aside from any influence such relief may have upon her mental condition.

SOLUTION OF CALCIUM CHLORID IN GYNECOLOGY.—Calcium chlorid, says a writer in *La Presse Medicale*, December 24, 1898, is an antiseptic of great power and deserves an especial place in gynecologic treatment, because of its faculty of dissolving albumens, while corrosive sublimate, cresote, nitrate of silver, etc., coagulate albumen and are thus prevented by their own action from contact with the diseased surfaces. A strong solution is made in the following manner: Three ounces of fresh calcium chlorid is added to thirty-six ounces of water. The mixture is shaken and allowed to stand for an hour. It is then filtered through double paper into a bottle holding one quart. (We can not see why a bottle holding just a quart should be used inasmuch as the solution advised measures thirty-six ounces.—Ed). This bottle should be of dark glass and closed by a glass stopper, sealed with a little paraffine. For use

a glass of this strong solution is mixed with nine glasses of hot boiled water, so that the whole shall have a temperature of 40 to fifty degrees C. (105 to 122 degrees F). This solution may be employed in lotions, douches, compresses, and tampons; in vulvovaginitis, endocervicitis, both external and internal, in inoperable cancer, etc. It shortens the duration of acute inflammation considerably, and is particularly useful in the treatment of endocervitis, with a glairy mucous discharge. Such a solution of calcium chlorid, the cost of which is almost nothing, is ten times more valuable as an antiseptic than bichlorid of mercury, and, being neither caustic nor poisonous, may be safely used for intra-uterine injections in puerperal infection. *Med. News*, March 18, 1899.

A NEW OPERATION FOR HERNIA.—Dr. Emory Lanphear, in the *Am. Jour. Surg. and Gynecol.*, says: "Having had three patients with whom complete atrophy of the testicle followed the Bassini operation for inguinal hernia, and some recurrences when the Czerny and the MacEwan methods were adopted, I, some three years ago, decided to try a plan which I felt certain would prove successful, since by it total obliteration of the inguinal canal would be obtained. Experimentally the chief objection to the plan has been the reluctance of patients to accept the proposed procedure; so that thus far I have succeeded in securing but three cases. These have, thus far, been entirely satisfactory in their history subsequent to the operation.

The method is as follows: A large flap is turned back, exposing the hernial sac and the inguinal canal in their entirety. The sac is then carefully dissected out, opened and contents reduced. At this stage the opening into the abdomen is closed with gauze and the spermatic cord and testicle lifted out of their natural position, and enveloped in iodoform gauze. From the hernial sac (parietal peritoneum) there is now made a pouch, or artificial tunica vaginalis testis, into which the testicle and cord are past and enclosed with catgut sutures in such way that not too much pressure is possible upon the cord; the whole pushed into the abdominal cavity, and anchored by a few catgut sutures. The cut in the peritoneum is next closed; next the opening into the scrotum sutured; then each muscular layer of the abdominal wall carefully

sutured, completely obliterating the canal—just as is done in operating for inguinal hernia in the female.

That the ultimate fate of the buried testicle is atrophy I cannot dispute, as no opportunity has yet presented for post-mortem examination; that it is possible I cannot deny. From a surgical standpoint the chief objection to this operation is that a suppurative orchitis or epididymitis might necessitate abdominal section; but suppurative inflammation of these structures is so comparatively rare that this danger can scarcely outweigh the advantages to be gained. Thus far only the most gratifying results have been noted."

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

AIROL IN KERATITIS.—Airol has been highly recommended in the treatment of infectious ulcerative keratitis, and it is reported that statistics have never before shown so comparatively high a percentage of cures by the use of other forms of treatment.

Airol is usually applied by dusting it on the affected spot after previous antiseptic cleansing, and its good effects are promptly made manifest. The powder is odorless, non-toxic, non-irritating and without unfavorable action upon the healthy cornea.

One author in advocating the use of the remedy in hypopyon keratitis arrives at the following conclusions: (1). In the majority of cases it causes almost no pain at all. (2). Its application is easy and convenient and simply consists in dusting it on the affected part once or twice daily. (3). It almost always guards against any occurrence of perforation of the cornea. (4). It renders superfluous the Saemisch's incision, as well as all other operative treatment. (5). While healing the corneal ulcer it simultaneously cures also all other concomitant affections of the eye, such as conjunctivitis, dacryocystitis, ophthalmo-blennorrhoea, etc. etc.

PROTARGOL IN OPHTHALMIC PRACTICE.—Authorities differ largely in their estimate of protargol in ophthalmic practice. No remedy has received more wide discussion in recent contributions to the list of ocular therapeutic agents, and it yet remains to be seen what the general verdict will be as to the value of the remedy as a therapeutic agent in the treatment of certain ocular diseases.

Dr. Davy, chief of Darier's Ophthalmic Clinic in Paris, has had excellent facilities to study the action of the drug on a great number of patients and reports that he thinks protargol, which is a proteinate of silver, bids fair to take rank as one of the most valuable agents in the hands of the ophthalmologist. His method is to prescribe a five, or very rarely a ten per cent. solution, which is to be used by the patient at home, two drops at a time three times a day. In connection with this a boracic acid wash is given with instructions to keep the eye clean. The patient reports daily or twice daily at the clinic, when the conjunctiva is brushed with a twenty to thirty per cent. strength solution, as the condition demands.

The conclusions derived from this work are given in the words of Darier:

1. The salts of silver in general are the drugs of choice in those affections of the conjunctiva that are accompanied by hypersecretion. The first of these, the nitrate, has become almost a specific in such disturbances.

2. Argentamine, which has a penetrating power that is five times greater than that of the nitrate of silver, possesses real advantages over the latter drug.

3. Protargol has all the antiseptic properties of the two drugs just mentioned, at the same time being much less caustic in its action; a fact which should place it in the first rank of those agents that are suitable for so delicate an agent as the eye. It mixes thoroughly with the secretions of the conjunctiva, and does not give rise to false membranes and scars that are so frequently found after the use of the nitrate.

4. Conjunctivitis that is due to the bacillus of Weeks, is radically cured in from three to five days' time by the employment of protargol.

5. Purulent conjunctivitis, dependent upon the gonococcus of Neisser, is very rapidly ameliorated and later cured by bi-daily brushings combined with repeated instillations of five per cent. strength collyriums of the drug. The secretion is in general ar-

rested in eight days' time, while cure is effected, if the treatment be regularly continued, in fifteen days. In cases presenting an idiosyncrasy toward the drug, weak solutions, only, but frequently repeated, can be employed.

6. Conjunctivitis due to the bacillus of Morax appeared at first to be favorably influenced by protargol, as it had by the nitrate of silver, but the disease frequently returned yielding better to sulphate of zinc.

7. A great number of cases of blepharo-conjunctivitis were ameliorated, and frequently even cured by the employment of protargol.

8. Dacryocystitis was found to be very favorably influenced by injections of five per cent. solutions of protargol.

9. In granular conjunctivitis, argentamine is to be preferred to protargol, the latter drug not being a sufficient caustic to affect the granulations.

Wickerkiewicz considers that in follicular and chronic granular conjunctivitis it is inferior to some of the older drugs. He believes, however, that it stands alone in its influence on dacryocystitis and gonorrhoeal ophthalmia that are found both in the new born and in the adult. In 5 per cent. solution protargol has an especially active therapeutic effect in ulcers of the cornea. In dacryocystitis a one or two per cent. solution can be given the patient to drop in the eye at the inner corner, this to be supplemented by daily or twice daily injections of ten to twenty per cent. solution into the tear sac and angle by the physician. In blenorrhoea of the new-born or adults protargol is an absolute specific. The author recommends that in these cases a one per cent. solution be dropped in the eye every two hours, supplemented by daily applications of a twenty per cent. solution made to the everted conjunctiva by means of a brush.

According to the *Maryland Medical Journal* many of the New York theatre play-bills contain the following notice: "Physicians who have patients to whom they may be called suddenly, and who have heretofore remained away from the theatre for fear of being out of call in such cases, can now leave their seat numbers in the box office and be called as quickly as in their office. Ushers will deliver messages to them promptly upon receipt of same over the telephone."

BOOK REVIEWS.

A TEXT-BOOK ON PRACTICAL OBSTETRICS.—By Egbert H. Grandin, M. D., Gynaecologist to the Columbus Hospital; Consulting Gynaecologist to the French Hospital; late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynaecological Society, etc. With the Collaboration of George W. Jarman, M. D., Gynaecologist to the Cancer Hospital; Instructor in Gynaecology in the Medical Department of the Columbia University; late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynaecological Society, etc. Second Edition. Revised and Enlarged. Illustrated with 64 Full-page Photographic Plates and Eighty-six Illustrations in the Text; 6½ x 9½ inches. Pages xiv-461. Extra Cloth, \$4.00 net; Sheep, \$4.75 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

The first edition of this work appeared in 1895. That a second edition should be called for so soon speaks well for the book.

Dr. Grandin has made a thorough revision of the work, thus bringing it fully up to date. Nine illustrations have been added.

The paper is not so heavy nor the type so large as in the first edition, though both are good.

The book is divided into four parts. Part I, treats of the Diagnosis, Duration, and Hygiene of Pregnancy; Pathology of Pregnancy; and Diagnosis of the Presentation and Position of the Foetus. Three chapters are allotted to this part of the work.

Part II, is divided into four chapters, in which Mechanism of Labor, Clinical Course of Labor, Management of Normal and Abnormal Labor, and Care of the Newborn Infant are discussed respectively.

Part III, treats of the Puerperal State in two chapters, one on the Normal Puerperium and one on the Pathological Puerperium.

Part IV, occupies nearly half the book and treats of Obstetric Surgery. The various obstetrical operations are well described and illustrated. One chapter in this part is devoted to Obstetric Asepsis and Antisepsis and one to Ectopic Gestation. It would be a good thing for all prospective mothers if all physicians were to adopt as their creed the opening lines of the author in the article on Asepsis of the Accoucheur and Attendants, viz: "It being ab-

solutely proven that septicaemia is heterogenetic—that is to say, does not originate within the body—it is the bounden duty of all who come in direct contact with the lying-in woman to keep themselves not alone clean, but also free from those acute infectious elements which, through inoculation, breed sepsis.”

The author's style is peculiarly clear and terse. We know of no better work on practical obstetrics extant.

We must dissent, however, from the author's view that general puerperal peritonitis is always secondary to general systemic infection. Granting the author's view to be the correct one, we are not surprised that he declares that all cases of general puerperal peritonitis end fatally no matter what form of treatment be employed.

There can be no more reason for believing that general puerperal peritonitis is secondary to general septic infection, than for believing that general purulent pleurisy is secondary to general septic infection.

M. F. P.

PROGRESSIVE MEDICINE.—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 490 pages, 28 illustrations and 3 colored plates. Lea Brothers & Co., Philadelphia and New York.

Pursuant to the announcement of several months since; the first volume of “Progressive Medicine” has just appeared. As might be expected from the reputation of both publisher and editor it has fully realized the highest expectations. The average physician is perhaps not very much concerned with the dress and mechanical make-up of a volume, and yet these are points which add at least to the pleasure, if not to the profit, derived from any volume; and before passing on to the subject matter I wish to say that binding, paper and topography are of such character as to make one feel like lingering over the volume. In this respect it is in striking contrast to many of the annual volumes that have preceded it.

Its real distinction and value, however, are of a decidedly different and more substantial character. It differs in its plan and scope from all preceding works of the kind. Instead of attempting an encyclopedic digest of all current literature, the editor has secured the collaboration of a distinguished corps of medical writers, well known in their special lines of work, and has secured from

each a digest of such articles as he considered especially valuable in the form of a personal and connected communication. Such a plan has its obvious advantage; and with the tremendous mass of medical literature, issuing from all the presses of the world—infininitely beyond the capacity as well as the exchequer of any individual to keep abreast of—such a digest made by a selected corps of workers appears little less than a necessity. This, of course, makes it possible from the bibliographical references which are given at the bottom of each page, to go back to the original sources in any instance where this may be deemed advisable.

The present volume, dated March, 1899, deals with the surgery of head, neck and chest, diseases of children, pathology, infectious diseases, including croupous pneumonia, laryngology and rhinology. The sections on these various subjects are well balanced, and well digested surveys of current literature. It will be impossible within the limits of this article to examine all of the various sections, but those of pathology and infectious diseases may be appropriately selected as of more especial interest to the general practitioner.

The article on pathology by Ludwig Hektoen is a notable one of about 70 pages, and covers the ground with characteristic ability. Among the most interesting questions may be mentioned the neutralization of toxins by the digestive fluid, and the excretory and bactericidal functions of the liver, blood serum (including phagocytosis) and immunity. These questions cover some of the most interesting and intensely practical grounds of clinical medicine, the general recognition of which fact is fully attested by the lengthy list of able contributions passed in review by the author. We are reminded that powerful toxins, fatal in small doses when subcutaneously or intra-venously administered, may be given by mouth or rectum without effect, even in large quantities. Of course the only explanation of the difference lies in the action of gastrointestinal and liver secretions. The physician who desires to have a comprehensive view of some of the most important aspects of clinical medicine cannot afford to ignore these questions, and I know of no place where he can in shorter time get the needed information.

The real status of the epithelial cell, which recent observations have shown to possess the power of maintaining vitality outside of the body, is dwelt upon at length.

The histology of tumors is fully discussed, and among the most interesting questions is that of the infectious origin of malignant growths. The observations of Sanfelice and Roncali with ref-

erence to the occurrence of blastomycetes is sustained by the author, who thinks that similar observations in other parts of the world will soon verify the conclusions of these authors.

Among the infectious diseases malaria and typhoid fever are among the most interesting and are dealt with at greater length than any others. The question of the biology of the malarial germ and its method of entrance into the human body receives considerable attention. It can only be noted here, among other interesting facts, that the role of the mosquito as a bearer of malarial poison appears to be pretty thoroughly established; and that malarial disease in the human subject occurs to a limited extent, if at all, in the absence of suctorial insects.

The chapter on typhoid fever, that omnipresent, much-hackneyed, but intensely interesting subject, is especially full, occupying nearly forty pages. A very conservative estimate is placed upon the Widal reaction and its role is regarded rather as confirmatory than as a means of diagnosis during the doubtful stage. He admits, however, that it is present in over 95 per cent. of the cases, "and when positive under all the requirements is an absolute indication of a typhoid infection, although, unfortunately, such an infection is not excluded by the reaction's absence." The dietary, on the whole, is liberal, in accordance with the general tendency to feed typhoid patients. The cold bath treatment receives full consideration; and "the statistics of the past year uphold the generally accepted view that the cold bath treatment in typhoid fever is the best method which we yet possess."

The anti-toxin treatment after the method of Weisbecker has been used by Walger with apparently good results, but it is apparently regarded by the author as in a purely experimental stage.

Regarding the anti-toxin treatment of diphtheria he considers its value fully established, along with most observers. He says: "It is strange and melancholy still to hear occasional expressions of doubt as to the efficacy of anti-toxin. Few points are better proved theoretically and practically than the value of diphtheria antitoxin in practice. Enlightened clinical experience has shown that if promptly recognized and immediately treated, the disease has, indeed, as Baginsky says, almost lost its terrors."

It would be exceedingly interesting and valuable to examine in detail the many valuable contributions of this volume, but the limits of a review make this impossible. Suffice it to say that the enterprising publisher and talented editor have succeeded in procuring a reflex of current medical science which will be of the highest value to the practical clinician, and which he will find helpful

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

TRANSIENT PARAPLEGIA AND TETANY, OF GASTRIC ORIGIN. (I)

By G. W. McCASKEY, A. M., M. D.,
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There is a large group of chronic cases characterized, among other things, by perverted nutrition and innervation; most diverse in their external manifestations, yet having, withal, a certain underlying unity of nature. Although the syndrome of the particular case here presented is probably quite rare, yet the heterogenous class to which it belongs, if I may judge by my own experience, must be largely represented among the clientele of the general consultant in internal medicine—it may be as a neurosis in one case, a psychosis in another, or in still others with entirely different constitutional tendencies, a simple asthenic or marasmic state.

Mr. S., aged 23, farmer, married———referred by Dr. H. M. Newnam, of South Milford, Ind.; Sept. 27, 1898. Present complaint of four weeks duration. His health had always been good until seven years ago, when he had a mild attack of sun stroke. He did not lose consciousness, but was prostrated and unable to do anything for two or three days.. Made incomplete recovery, constant

(1). Read before the Chicago Medical Society, March 29, 1899.

headache remaining for several months, and recurring during hot weather ever since. Following the sun stroke was in fairly good health, with the exception of a morbid sensibility to heat, and the headaches during hot weather above referred to, until beginning of present illness. At that time had a paraplegic attack, beginning with "numbness," or parasthesia, consisting, mostly of a tingling sensation lasting one or two hours, followed by complete anaesthesia of the lower extremities. He could not tell when anything touched these parts. He does not know whether there was loss of pain sense or not; but remembers that he could not tell when the limbs were rubbed very hard. The anaesthesia lasted about thirty-six hours. When assisted to a standing position could generally stand alone, although limbs were weak and would some times give way. There was apparently complete loss of muscle sense. By looking at his feet could take a step by shoving one foot ahead and then dragging the other after; but without looking could not tell where the feet were.

At the end of this time the anaesthesia began to gradually subside, followed by intense pain throughout the lower extremities. This would last about thirty-six hours longer, followed by general soreness of several days duration.

For about a week if he walked briskly or far, or otherwise exerted himself would have a tired feeling in the limbs, followed by loss of sensation, quite complete but lasting only a few minutes.

Since this attack has been troubled with bilateral symmetrical paroxysms of pain and tonic cramps in the hands, legs and thighs. The cramps usually occurred in the evening. There would first be a severe aching pain throughout the limbs, most intense along the main nerve trunks, followed by tonic spasm. The legs were flexed upon the thighs, with abduction of the latter. The muscles were perfectly rigid and immobile, remaining so for a quarter to half an hour.

The hands assumed the bird-claw position; the fingers widely spread, distal phalanges flexed, with thumb in same position, the digital phalanx of the thumb pressing toward the fingers, but remaining a couple of inches from them. The wrist generally remained freely movable, but there was absolute immobility of all muscles of hand, fingers and thumb.

The appetite was good, and digestion comfortable, with the exception of a feeling of fullness an hour or so after eating. This

as we will see later, was practically the only subjective symptom of a severe chronic stomach infection. The bowels were regular and free, but for several years had noticed that the alvine discharges would be sometimes covered with what he called "slime." Occasionally the movements would be composed almost entirely of this material. He would sometimes be free from these symptoms for several months at a time; then after a full meal would be seized with pain in the abdomen and have profuse mucous discharges.

Has no headache or vertigo; pulse 108, soft and compressible; has severe and persistent insomnia; had not slept for a week prior to examination

Physical examination: Heart normal in size, location, and sounds; liver and spleen normal in size; K. J. exaggerated; no ankle clonus; marked spinal tenderness on compression or percussion in mid dorsal, and mid lumbar regions.

Urinalysis: Total quantity for twenty-four hours only two hundred and fifty cubic centimetres; specific gravity 1030; total solids seven per cent. or 17.5 grammes; reaction acid; acidity eighty-five degrees—very high—; urea 3.2 per cent.; no albumen, sugar or indican.

Stomach examination: Conventional Ewald test breakfast removed in one hour, gave following results: Total quantity fifty cubic centimetres; reaction acid; total acidity eighty degrees; free HCl forty degrees; biuret reaction strong; iodine reaction red, showing erythrodextrin; no bile, blood or pus; pepsin and rennet ferments quite normal; the gastric juice was practically normal, excepting that starch digestion was too slow, and that it was too heavily loaded with various forms of bacteria. The next morning no fluid or food having been taken since previous evening, the fasting stomach was found to contain twenty cubic centimetres of a thick opalescent fluid, faintly acid in reaction; the acidity being due to organic acids. This fluid was swarming with bacteria of many varieties, and was, of course, a prolific ptomaine factory, which, during the rest period of the stomach, when relieved from the inhibitive influences of active secretion, poured into the blood a stream of toxic material.

Examination of intestinal contents verified the history, which indicated the presence of a chronic colitis, in a latent or inactive stage. Minute shreds of mucous were plentiful, and colonies of micro-organisms were much too numerous. In the light of more

recent experience I regret that the ethereal sulphates of the urine were not estimated, or at least the distillate tested for phenol. But as a test for copraemia I depended in this case upon indican, the absence of which I am now certain means nothing, although its presence is, of course, of the highest significance.

Believing the case was one of gastro-intestinal autointoxication I placed the patient on daily antiseptic irrigation of both stomach and colon with general hydrotherapy, and brain galvanism. The insomnia and all other symptoms disappeared within five days, and at the end of one week the patient had gained four pounds in weight, and regarded himself as cured, although examination of the fasting stomach still showed residual germ laden secretions.

He was advised to take an additional week's treatment, at the end of which time he returned home symptomatically cured. A letter from his physician dated Dec. 23, 1898 (about three months after treatment) informed me that the patient was at that time entirely well.

The patient's heredity was excellent, but he had an acquired neuropathic taint, chargeable to the attack of insolation during the developmental period, and the suspicion of hysteria will naturally be entertained. But I think it is fairly eliminated by the complete absence of all the stigmata of that morbid condition. So far as the tetanoid contractions are concerned I am fully aware, as stated by Gowers (vol II, p. 700) that it may be difficult in a given case to determine whether it is tetanoid hysterical contracture, or true tetany in a hysterical subject. This difficulty, however, can only exist in the presence of the hysterical state. The time has come when the fetich of hysteria may no longer be invoked in explanation of symptoms, because they do not chance to range themselves under recognized syndromes. In the absence of contraction of visual fields, emotional instability, anaesthetic areas, tremor, or any of the other inter-paroxysmal phenomena of hysteria, the assumption of the latter in such a case is entirely gratuitous and unwarranted.

I cannot regard the contractions as other than true tetany. Trousseau's phenomenon was, however, doubtfully demonstrable at the time of my examination; but after eliminating hysteria and finding withal a severe gastric infection which is one of the most common etiological factors of tetany, and taking this in connection with the bird-claw attitude of the hands, which is common in tetany, and exceptional in hysterical contractions, it seems to me that

their nature is reasonably plain. Bouchard relates a case of symmetrical contraction of both hands extending up to the shoulders, and occurring daily for five weeks, which disappeared on the very day that suitable treatment was instituted for a gastrectasia upon which the contractions depended.

The precise nature of transient paralyses, like the paraplegia in this case is obscure. In view of the subsequent pain I am inclined to attribute it to vascular spasm of the lumbar cord, the pain being possibly caused by the reactionary congestion, dependent upon the paretic state naturally following the prolonged spasm; or it may simply depend upon nutritional modifications of the neuron; but in either case probably caused by a toxin. It is, however, no more difficult of explanation than, for instance, the cases of paraplegia reported by Reynolds, Erb and others and supposed to be due to the influence of a dominating idea. While hysteria may be sometimes associated, yet Erb distinctly says that they may occur in the absence of either hysteria, hypochondriasis, or mental disturbances of any kind. We call such cases functional. Their pathology is entirely conjectural.

There might also be cited the so-called functional ataxia, closely simulating tabes, and originally described by Bastian, and later by Bramwell (p. 347) and others in which the condition so far as known is purely of a so-called functional type, without anything in the nature of a permanent lesion, or, so far as known, of anything that may be at all designated as a lesion in the common acceptance of the term. Ross (p. 489) also reports a case of spastic paraplegia, the result as he thinks of malaria; and which was at any rate rapidly and completely cured by large doses of quinine. Literature furnishes many analogous cases.

In cases such as the one just reported, whatever the neuropathology may be, the chemical and microscopical findings of stomach and colon, and the immediate results obtained from treatment would seem to prove that the ultimate cause consisted of the toxins formed in these organs, and taken up and carried to the nervous system, the precise symptom complex depending upon the neuropathic or other tendencies, inherited or acquired. It is as unnecessary as it is at present impractical to clinically isolate these poisons and demonstrate their specific effects upon the lower animals. This can probably never be done, for the reason, among others, that the nervous system of the human being, has under-

gone in the process of its evolution, divergent modifications of a fundamental character, which makes it possible to get the most dissimilar results from the same cause; and that such conditions probably do not obtain in any degree among the lower animals. It is sufficient for our purposes as practical clinicians to find in these or other organs the evidences of toxic conditions, and set to work, empirically if need be, to counteract and remove them. While isolation and identification is of the highest scientific interest, yet it is comparatively of small practical moment for the reasons above given. I would rather many times over know the sulphonic compounds of the urine, than the flora of the colon or the chemical symbols of their resultant toxins.

In conclusion I desire to emphasize two important points in dealing with cases in which chronic auto-intoxication is suspected and its source obscure. One is that a negative statement by the patient with reference to stomach symptoms is absolutely without value, and the other, that the chemical composition of the gastric juice may be practically normal, and yet a severe infection may exist in the intervals of digestion. It is the fasting stomach alone that tells the final chapter of the story.

107 W. Main Street.

THE DOCTORS AND THE LAW. *

By LUKE H. WRIGLEY, ESQ.,
of the Noble County Bar.

The law affects physicians in several special ways. Some of these, and also some additional matters, will be treated.

First—Certain qualifications are by law required on the part of those who enter upon the exercise of the healing art. Such laws are a deserved compliment to the members of the medical profession who have done the work, and have spent the time and money necessary to properly qualify themselves for the practice of their profession. They are the result of direct efforts made by the members of the profession to procure such legislation, and also of the respect engendered among people in general by the standards erected by physicians for themselves. No such laws could have been passed had not the fact been generally known and recognized that the physicians, as a

* Read before the Noble County Medical Society May 2nd, 1899.

body, were engaged in an earnest effort to elevate the standards of their profession and more fully qualify themselves to meet and bear the responsibilities devolving upon them.

Marked progress has been, and is being made in medical science—especially in surgery and diagnosis. In these respects, in the opinion of the writer, the progress has been much greater than it has been in the discovery and utilization of remedies. It is into this last field that the most earnest efforts of physicians should be directed, and it is the one in which their efforts are yet to bear the most important fruits.

The statutes we have are sufficient, to a considerable degree at least, to protect physicians and the public from the charlatan and the quack, but the law should go further. In what respect do you ask? It is the duty of every physician, so far as he can, to investigate from a cautious and critical, but not a prejudiced or biased, standpoint, all proposed or suggested methods or systems for the alleviation of suffering and the cure of disease. Every physician, so far as possible, should be a pioneer in such investigation, and nothing should be left uninvestigated no matter how much of a departure from established ideas it may be, and no matter how much humbug has to be probed and exploded.

You answer to this that the burdens and limitations of their every day lives—caring for their patients, supporting their families and providing for old age—debar most physicians from entering upon such work.. That is true, and here is where the law should go further than it does—here is where the law ought to help you. Provision should be made by law for the establishment of boards whose duty it should be to investigate and probe and practically test everything within reach in search of Nature's means of cure.

These boards should be composed of cautious and scientific but at the same time broad-minded men. Men who recognize the fact, and investigate upon the principle, that it is by washing the wilderness of sand that the grains of gold are found. Men who recognize the fact that any system or ism which takes anything like permanent hold, that attracts any considerable degree of public attention, that perpetuates itself to any material extent, probably has within it something of importance and value notwithstanding the vagueness, mysticism and hasty con-

clusions with which it is more than likely to be loaded and surrounded.

The writer believes that hypnotism, treatment by suggestion, the various systems of mental treatment, and those of so-called faith cure, are the beginnings of wonderful discoveries yet to be made with regard to the application of vibratory force to the cure of disease. All life, physical, mental, moral and spiritual, is made up of vibratory forces, and the effect of the drugs and medicines you use in your every day practice is only one phase of this all-pervading fact. The forces which the alchemy of nature has locked up in those physical substances are set free in the diseased system and come into play in aid of the life forces already operative there. This is the secret of the beneficial effects of the medicines you use.

There should be no conflict between systems. All curative forces, means and potencies, whether working through drugs or otherwise, whether operating on the physical plane or upon other planes of nature, are parts of one whole, are all life forces of some kind. They are brothers and sisters, not strangers. They are friends, not enemies. They should all go hand in hand. They should all be at the command of, and be used by, the medical practitioner, and in practice should be applied by men and women who have at their command the best of the scientific knowledge already attained. By men and women who know the anatomy and physiology of the human body and who know how to diagnose disease.

Investigation should be made on the most daring lines, but departures from, or additions to established methods should be made only after careful test has proven them to be of value.

All this may seem to be going far afield in a paper on the doctors and the law, but the matters spoken of contain suggestions as to part of the work that might be done by a body of able, scientific and unbiased men if their organization were provided for by law, and they were, by law, furnished with the means for doing their work.

Whether any such legislation could be now obtained is doubtful, but that such work is needed, and that it ought to be done on behalf of, and be paid for by, the public is beyond controversy.

One great benefit that would be derived from the organization of such boards of investigation would be the destruction of prejudice and the opening up of the way to needed investigation without

subjecting the searcher to ridicule and distrust. Such work, viz., fearless, unbiased, broad-minded, scientific investigation and study, is as much needed in the legal and legislative field as it is in the medical, and it is more needed in the domain of religious science than it is in either of the others.

Second—The law fixes a standard by which the physician's acts are to be measured, and his liability determined, in case ill results accrue from or under his treatment in any particular case. In the absence of a special contract to that effect the physician does not insure a cure. He is bound to give to his patient the benefit of his best skill and judgment, but is not liable for errors of judgment unless they are so gross as to be inconsistent with the exercise of ordinary and reasonable care, skill and diligence. Physicians, by holding themselves out to the world as practitioners in their line, impliedly contract that they possess the reasonable and ordinary qualifications of their profession.

They are under the duty of exercising reasonable and ordinary care, skill and diligence, and such care, skill and diligence are to be measured according to the average and ordinary standard existing among physicians practicing in like localities.

A physician practicing in a small town or sparsely settled country district is not expected to exercise the care and skill of one who resides in, and has the opportunities afforded by, a large city. The physician is required to exercise the average degree of skill possessed by the profession generally in such localities as the one he lives in.

The physician, when sued for malpractice, may prove by other members of his profession testifying as experts, that the treatment given in the particular case was such as would have been given by a physician of ordinary and average knowledge and skill. If this fact be established the physician sued will be protected even though a different method of treatment (not generally known or in use among the average members of the profession) would, if used, have produced better results.

Third—There is a rule of law which closes the doctor's mouth, and relieves him from the necessity of divulging from the witness stand the knowledge gained by him from his patients in the course of his professional business unless he is permitted or required by the patient or his representative to testify upon the subject. This rule has deeper foundations than are apparent to casual

observation. It was not enacted to enable a party in some particular litigation to suppress evidence that might benefit his adversary.

The rule is a recognition of the vital necessity for full disclosure between the patient and his medical adviser, and was enacted in pursuance of the dictates of wise policy and to promote that full and complete confidence between physicians and their patients, without which the usefulness of the physician would be seriously and vitally impaired. In order that the physician may be in position to do his patient the most good it often becomes necessary for the patient to disclose matters that are most painful and embarrassing. Family secrets. The sins and indiscretions of parents.. The sins and indiscretions of the patient himself, past and present. Also many occurrences that have their relation to the diseased condition of the patient's body only because of mental states produced by such occurrences, and which tend to aggravate, or interfere, with the successful treatment of the physical disorder. The rule is of great importance and should be universally upheld and enforced.

Of late the practice has been adopted of introducing into certain classes of contracts stipulations waiving the right to object to the competency of any physician to testify as a witness, and the validity of such stipulations has been upheld by some of the courts. The writer believes that such stipulations will not be upheld in Indiana.

Fourth—The doctor bears a special relation to the administration of the law in his function as an expert witness. With regard to this matter the members of the medical profession, especially of late years, have been subjected to much deserved, and also much baseless, criticism. It is not true that the medical expert is ready to testify to whatever may be necessary to subserve the purposes of his side of the case. This is true, viz., that in many cases the medical experts have yielded too much to the feeling of partisanship. There should be no "his side of the case" to it when the doctor is called to testify as an expert. He should lay before the court and jury in as simple and non-technical language as he can use all the aspects and bearings of the subject upon which he testifies, and this without regard to the bearing his testimony may have upon the result of the case.

The lawyers are as much at fault in this matter as the doctors,

and they should be made to bear their share of the criticism. They pave the way for, and make use of, the partisan testimony of the expert, and encourage him in giving it. It would be well if some plan could be devised and enacted into law that would do away with the employment of experts by the one side and the other in lawsuits, and that would relieve the expert witness from the feeling of obligation to one side more than the other.

Although it will be an entire digression, still it may not come amiss to close this paper with a few of the humorous things that have come from the would-be expert witness.

In a Kansas case a veterinary practitioner, called to testify as an expert, stated that the disease called "scab," which is common among sheep, was caused by an insect too small to be seen with the eye. He stated also that he had often examined these insects through the telescope. When the laughter subsided he corrected himself and stated that he had meant to say that he had often examined them through the telephone. A veterinary of the writer's acquaintance once stated that a horse was suffering from "impaction of the stomach," a disease, he said, that was properly called "stercoral colic." Upon another occasion this same genius affirmed that a cow was afflicted with "splorate of the large intestine."

The writer once heard the trial of a case in which an antidi-luvian doctor testified as an expert on the subject of insanity. In testifying he several times made use of the term "idiosity." A lawyer, now of national reputation, and who has and then had a tongue like a whip of scorpions, was engaged on the other side of the case, and it is needless to say that that old medico was treated to such a basting before the jury that he probably has not forgotten it yet, though he has been dead for twenty years.

ALBION, IND., May 2nd, 1899.

REMARKS ON HISTORY OF INDIANA STATE MEDICAL SOCIETY *

By DR. W. H. WISHARD,
Indianapolis, Ind.

"On behalf of the Marion County Medical Society I welcome

Part of a notable address delivered at the semicentennial meeting of the Indiana State Medical Society, at Indianapolis, June 1 and 2, 1899. Copy courteously furnished by Dr. A. W. Brayton, editor of Indiana Medical Journal.

the Indiana State Medical Society back to the place of its birth, fifty years ago.. The occasion of to-day demands a readier pen and greater fluency than I possess to do justice to the subject. In various parts of the country we have old settlers' meetings to honor our pioneers, fathers and mothers, and recount their various trials, conflicts and successes in the wilds of Indiana. It is proper and just that on this day, the fiftieth anniversary of our society, we should do honor to the memory of the medical fathers who laid the foundation of the present success and prosperity of the profession.

Before entering into the subject proper of the history of this society, we should go back and review the conditions of things prior to its organization. Indiana was admitted into the Union in December, 1816. The first session of the General Assembly passed a law regulating the practice of medicine. It had for its object the organization of the medical profession into boards of supervisors in each judicial district, to meet at stated times to license such persons who, after examination, seemed qualified to practice medicine, and to fix a rate or scale of charges for medical services. The law was such that the physician not having a license could not collect his bills. A State Medical Society existed previous to the organization of this society, but it was disbanded in 1825. The meeting that year was held in Indianapolis, and was presided over by Dr. Samuel G. Mitchell, the first physician that ever came to this city. Drs. Dunlap and Cornett, the first and second presidents of the society, attended that meeting. It was the last meeting held prior to the organization of this society.

"In 1825 the law was amended, granting charters to State and local societies. In 1830 several amendments were made to the law. At a subsequent meeting the Legislature repealed all laws regulating the practice of medicine. Previous to 1818 there was no medical college west of the Allegheny mountains, yet at that day there were eminent physicians and surgeons in the West; men of national reputation, such as Dr. Ephraim McDowell, of Danville, Ky., and Dr. Benjamin Dudley, of Lexington, Ky. The students of that day selected for their preceptors the best physicians in the country, and prosecuted private dissections. Many of the most successful practitioners had never seen a medical college. They were just as ambitious to elevate the standard of the profession as the medical men of to-day. After the laws regulating the practice of medicine were repealed, the flood-gates were open, and such a

variety of men and talent embarked in the profession of the healing art as has never been seen by any succeeding generation. Samuel Thompson, of Massachusetts, published a work on medicine entitled "Right to Practice," price \$10. This was the only text-book known among the so-called Thompsonians.

BLACKSMITHS PRACTICED IT.

"I knew a stonemason who threw aside his tools and entered the profession. A blacksmith of my acquaintance laid down his hammer and wrote to his friends that he had purchased Thompson's book and had entered the profession of medicine. In two or three years they both returned to their trades in disgust, for want of patronage in their chosen calling. Farmers deserted their occupation to enter the profession. Many of the midwives extended their fields of usefulness from obstetrics to general practice. During the late war I entered the hospital at Corinth, Miss., after that city was vacated, and I found a dead Confederate, an empty bottle and Thompson's Practice. The latter I captured and have kept as a relic of bygone days.

"In 1838 I attended a convention of the Johnson County Botanical Society as a spectator. It was held in a backwoods school house. I shall not attempt to describe the personnel of that assembly, only to say that those who attended were all well-developed physically and in good health. The larger portion of the assembly was of the female sex. The principal speaker was a local preacher, who grew earnest, but not eloquent, in denouncing the 'calomel doctors,' as he called them. After the society adjourned, his reverence and I traveled the same road home. He knew I was a medical student, and he was on the war path and anxious for debate. I asked him if his professional associates ('steam doctors,' as they were known) ever gave quinine. He looked at me indignantly and replied: 'Don't you know we never give mineral medicines?' I suggested to him that quinine was not a mineral production. He remarked that he understood it was. He was the great mogul or teacher of that association, and you can well guess what the intellectual status of the rank and file was. Such was the legitimate result of the laws regulating the practice of medicine.

"There were a few medical societies in different parts of the State, and many of the leading physicians had long desired a State organization. Indianapolis had a local society composed of the

leading physicians of the place. They sent out a call in May to their professional friends to meet June 6, 1849, in this city. Pursuant to that call the physicians met in Wesley Chapel at the hour named."

Dr. Wishard then detailed the organization of the society. "Who will stand here fifty years hence," he continued, "at the centennial meeting of this society, and call the roll? Who will be absent and not answer to their names? I hope that there are those here that will be able to respond.

SOME OLD MEMBERS.

"Dr. John M. Gaston, of this city, is one of the survivors of that day when this society was organized. He was a young physician of prominence, and had a lucrative practice. Twenty-five years ago he met a serious accident that disabled him and prevented him following his profession. He has ever been an upright and worthy citizen. May he never grow old.

"Dr. Patrick H. Jameson, of Indianapolis, was also a charter member. The Doctor is now in his seventy-fifth year, and has just entered the fifty-first year of continuous practice in this city, having practiced here longer than any other physician. His record and standing are high, and he has always been classed as a leading physician. Long may he live.

"Dr. Thomas W. Florer is another charter member. At that time he was a citizen of Alamo, Montgomery County, Texas. He now lives at Waxahachie, Texas. Of the four vice-presidents chosen at the organization of this society, he is the only survivor. He was a surgeon of the Union army, both in hospital and field, and he is now a leading physician in his Southern home. He is in his seventy-seventh year, and has made a long journey to be with us in this gathering of his professional brethren. We welcome him back to the scenes of his early days.

"I stand before you as a charter member of the society, in the eighty-fourth year of my age and the sixtieth of my professional life. When I look back to the beginning of my medical life, nearly ten years before this society was organized, my professional friends are all gone, and I feel lonely. My only comfort is to make friends of to-day and try to keep up with the profession as best I can and cheer those who are in the advance column of this progressive age; to be satisfied with my lot and try to grow old contentedly, endeavoring to live up to the motto of the illustrious Abraham Lincoln—'With charity for all and malice toward none'—and pursue the right as God gives me the ability to see it."

SOCIETY PROCEEDINGS.

INDIANA MEDICAL SOCIETY *

The semi-centennial meeting of the Indiana State Medical Society held at Indianapolis, June 1st and 2nd, was the most successful from every point of view of any of the many State Society meetings that have been held in the capital city. The sessions were held in the new Deutsche Haus, which is perhaps the best adapted building in the city for the purpose. With large and beautiful rooms suitably located and well adapted to the uses of the various sections, committees and exhibitors, and with a beautiful auditorium and adjoining garden for social purposes, the place offered unusual attractions as a place of meeting, which the Marion County Society wisely took into consideration.

The first general session was called to order by President Sexton at 9 a. m., with fifty-five members in attendance and the corridors filled with new arrivals busy at the registration booth. After invocation by the Rev. W. A. Quayle, pastor of the Meridian Methodist Church of Indianapolis, the report of the secretary, Dr. F. C. Heath, was read and accepted.

Dr. Charles Ferguson read a report of the Committee of Arrangements, explaining the conveniences and privileges extended to the members and mentioning the fact that the committee of arrangements would present no bill for the entertainment of the society, the local fraternity having arranged to settle all bills.

Dr. James F. Hibberd, of Richmond, Chairman of the Committee on Necrology, reported that twenty-one members of the society had died during the year, the names being as follows: Dr. Donaldson, Wabash County; Dr. Lummis, Hancock County; Dr. Stewart, Floyd County; Dr. Shoptaugh, Gibson County; Dr. Burton, Lawrence County; Dr. Schafer, St. Joseph County; Dr. Suman, Madison County; Dr. Mullane, Greene County; Dr. Kap-

* For much of this report we are indebted to Dr. A. W. Brayton, editor of the Indiana Medical Journal, who kindly furnished notes of the meeting.

pel, Allen County; Dr. Grayston, Huntington County; Dr. Marsee, Marion County; Dr. Ballard, Wayne County; Dr. Crist, Marion County; Dr. Teal, Noble County; Dr. Rhea, Henry County; Dr. Thompson, Sullivan County; Dr. Burton, Wayne County; Dr. Dunlap, Marion County; Dr. Phipps, Lawrence County.

At the conclusion of the general session the president announced that the society would be divided into two sections, medical and surgical, the medical remaining in the auditorium under President Sexton and the surgical in an adjoining hall under Vice President Geo. F. Keiper, of Lafayette.

MEDICAL SECTION.

"Toxic Origin of Various Neuroses and Psychoses," by Dr. Geo. W. McCaskey, of Fort Wayne, was the title of the first paper presented, and this was followed by an allied paper, "Auto-intoxication as a Factor in the Causation of Nervous and Mental Diseases," by Dr. V. E. Andrew, of Cicero.

The discussion of the two papers was opened by Dr. A. E. Sterne, of Indianapolis, who stated that he had read numerous papers on auto-intoxication and thought it a subject that should be "hit hard and often." Dr. Sterne based his discussion on the minute anatomy of the nerves and possible parallelisms with electric action. The various chemical changes in the oxidation of tissues forming leucomaines, and of bacterial action forming ptomaines were discussed, and their relation to hysteria, epilepsy, etc., were discussed. The so-called idiopathic diseases of the body were no doubt due to chemical changes in the cellular structure.

Dr. James F. Hibberd read his fourth essay in a series of biological studies with which he has favored the society. The paper was as interesting as its predecessors. Dr. Guido Bell discussed it in a logical and forceful manner.

"Membranous Colitis" was the title of a paper presented by Dr. A. McMahon, of Lafayette. Two illustrative cases were reported. Dr. Guido Bell opened the discussion by considering the subject under the head of enteritis, saying that the disease might continue from infancy to the twentieth year, and in early life interfere with the development of the genital organs. Dr. McCaskey, of Fort Wayne, considered the disease from the standpoint of auto-intoxication, and expressed the idea that it should never be confused with neurasthenia. Drs. Powell, of Marion, and Scherer,

of Indianapolis, cited illustrative cases and detailed methods of treatment.

Dr. Albert M. Cole, of Indianapolis, closed the list of papers presented at the morning session with a paper upon "Pulmonary Affections in Children Following Infectious Disease." This was an admirable paper, which called particular attention to the liability of pulmonary affections as a complication or sequella of infectious diseases and mentioning the importance in care of convalescing patients to avoid this trouble. The paper elicited favorable discussion.

Over one hundred members were present at the close of the session.

SURGICAL SESSION.

The first session of the surgical section was called to order in the banquet room of the Deutsche Haus by Vice-President Kieper, at 9:45 a. m., with about thirty-five members present, which number was rapidly increased to one hundred.

Dr. Geo. Rowland, of Covington, presented the first paper, his subject being "Puerperal Fever." The history, pathology and diagnosis of the disease was considered and attention called to the necessity of differentiation from other septic fevers which frequently simulate it. In treatment the essayist advocated thorough antisepsis, which should include frequent cleansing of the external genitals and vagina. If infection has taken place aim to prevent further absorption. Evacuate the uterus, douche intra-uterine cavity with bichloride solution, and pack with iodoform gauze. Administer plenty of water and apply ice bags. Use every effort to secure rest and sleep for the patient.

Dr. Dunning, of Indianapolis, commented favorably upon the clearness and conciseness of the paper. He thought the key to the understanding of the disease was to recognize its dependence on a local lesion and aim at the removal of all infective material. He advised against the use of coal-tar derivatives for the purpose of lowering the temperature. In addition to local treatment such as suggested in the paper he had found much value in the administration of quinine and whiskey. Dr. Pantzer, of Indianapolis, advised against the use of bichloride douches except in rare cases. He had had excellent results from the administration of salicylate of sodium, as it acted both as an antipyretic and internal antiseptic.

He gave it in fifteen grain doses by rectum. Dr. William Gilbert said that in some cases he had obtained good results by a posterior colpotomy and drainage. Dr. O. G. Pfaff said he was opposed to the bichloride douche, preferring a weak carbolic or sterile water irrigation. Dr. Burton and Dr. Walker followed in the same strain.

In the absence of the essayist, Dr. Boyden's paper on "Anesthetics" was referred by title to the publication committee.

"The Significance of Cervical Lacerations," by Dr. Hugo O. Pantzer, of Indianapolis, was one of the most interesting papers of the session. He believes that the simple laceration is of little significance, but the infected cervical laceration and those with other complications of much significance. Among complications he named pelvic peritonitis, chronic endometritis, pelvic abscesses and uterine displacements. Dr. Thomas B. Eastman advised a previous curettment in the repair of these lacerations, and the subsequent use of a hard rubber dilator as a substitute for packing with gauze. He thought lacerations were a fruitful cause of malignancy. Dr. Dunning spoke of the erosions present in lacerations, the sub-involution and attendant conditions. He further thought that most lacerations were significant and therefore should be repaired. Dr. Pfaff recognized some connection between cervical lacerations and malignancy. Some one else volunteered the information that of malignant cervixes that he had seen, fully ninety per cent. of them had been lacerated. In closing Dr. Pantzer, in reply to Dr. Walker as to why so many lacerated cervixes were infected with gonococci, spoke of the similarity between the hard cicatricial plug of the lacerated cervix and the chordee and stricture of the male, both of these conditions being results of gonorrhoeal infection.

"Conservative Pelvic Surgery," by Thomas B. Eastman, of Indianapolis, consumed fully thirty minutes of the time of the session and was listened to with marked attention. He spoke of the melancholia, the acute mania and other conditions sometimes following the induced menopause. He believed that the function of the ovary was not thoroughly understood; that it had something to do with the elaboration of the blood. He cited one case of mania following a double salpingo-oophorectomy which greatly improved on animal extracts. He said that transplantation of the

ovaries has been successfully accomplished. In pelvic surgery we should remove no part that can with safety and success be left.

Dr. Dunning commended the writer for the excellence of the paper and sustained him in his advocacy of leaving even a remnant of the ovary when possible to do so. He advocated the supra-pubic operation, that the parts may be seen and saved where possible.

Dr. Pfaff thought that the gynecologist had often been unjustly criticised for lack of conservatism. He thought that all operations aimed at conservatism. He could not recommend animal extracts. He agreed that the ovaries should always be left if by any possible chance they could be saved. Drs. Weinstein, Andrews and Brunner also discussed the paper, and in the main upheld the essayist in his views of conservatism.

Dr. Walker Schell, of Terre Haute, presented a paper upon "Experience in Immobilizing the Lung in the Treatment of Consumption." He thought that much good could be accomplished by paying attention to the surgical treatment of tubercular lung affections, and regretted that so little attention was paid to physical diagnosis and the early recognition of the disease. In his opinion rest is the treatment par excellence for all pulmonary disease. He finds that pain is relieved, the temperature falls from three to five degrees, septic absorption ceases, the cough is relieved and the appetite improved by the injection of nitrogen into the pleural cavity. This immobilizes the lung for three or four weeks. Dyspnoea and cardiac palpitation sometimes occur, yet he has seen no fatal results. Pulmonary hemorrhage is sometimes relieved by this treatment. He expects more to be accomplished along the line of serum treatment than by any other method.

In discussing the paper, Dr. Miles F. Porter, of Fort Wayne, spoke of the difficulty in recognizing the incipient cases in which this treatment might bring about results. He thought that fully fifty per cent. of all cases of pulmonary consumption were not recognized during incipency, and that many of the symptoms attributed to tuberculosis are really due to secondary septic infection.

"Headache" was the title of a paper by Dr. D. W. Stevenson, of Richmond, in which the essayist made a plea for a thorough and painstaking physical examination in every case of persistent headache. The circulation and vaso-motor system should be carefully considered. Either too high or too low tension may cause headache. Low tension headaches are generally due to toxæmia, to-

bacco or a full lower bowel being fruitful causes. Most headaches are reflex in nature, the primary cause being found in the eye, ear or nose. Astigmatism and refractive errors are the most frequent causes, and ill-fitting glasses are frequently responsible. The percentage of incurable cases would be greatly reduced by an exhaustive examination.

Dr. Eichelberger, of Terre Haute, agreed in the main with the essayist, but laid particular stress upon chronic constipation as being one of the most fruitful sources of headache in women. This is brought about largely by our present system of living.

Dr. Albert E. Bulson, Jr., of Fort Wayne, thought that errors of refraction were the exciting cause of headaches in from sixty to seventy-five per cent. of all cases, but that frequently a predisposing cause can be found in various dissipations, such as indiscretions in eating, drinking, smoking, or brain work. Change of scene and cessation of work will often cure a persistent headache in the over-worked. Increase of physical exercise in those following sedentary occupations frequently rids the patient of toxæmias which cause headache and other neurotic symptoms.

Dr. Schell thought that uric acid played an important role in the production of nervous symptoms, headache included, and that proper elimination from the kidneys should be considered.

Dr. Walker, of Evansville, said that he had seen marked cases of astigmatism in which there was no headache. A careful examination of all functions is required in every case, but in spite of this we will find some cases which cannot be traced to a cause.

Dr. F. C. Heath, of Indianapolis, thought that many neurotic patients suffering from headache could not be cured but that treatment would palliate. Occipital headache could frequently be traced to astigmatism or insufficiency of the ocular muscles. He quoted from Roosa, who says that unless the patient complains of the eye it is probable that the headache is not due to the eye. He further said that males are never troubled with headache at the top of the head; such headaches are always of uterine or ovarian origin.

The paper was also discussed in brief by Drs. Knapp, of Vincennes, and Keiper, of Lafayette.

GENERAL SESSION.

AFTERNOON, FIRST DAY.

Vice-President Keiper called the meeting to order at 2:15 p.

m., with 150 members present. Dr. J. N. Hurty, secretary of the State Board of Health, reported for the Committee on State Medicine and Hygiene, giving a resume of the food, drug, health, dental and medical laws passed by the last State Legislature. The report also included a general survey of the sanitary progress of the year. Each of the contagious and infectious diseases was discussed.

Upon motion of Dr. Potter, of Indianapolis, a committee of three was appointed to report upon the feasibility of an address to the people of the State favoring vaccination and giving instruction as to the control of tuberculosis.

Dr. F. B. Wynn, of Indianapolis, reported for the Committee on Pathology. He reported upon the collection of the society on exhibition. Three groups were recognized in the exhibit—animal pathology, bacteriology, pathological anatomy. Six hundred and two specimens were in the exhibit. (Subsequently a motion prevailed which gave Dr. Wynn the privilege of taking the entire exhibit to the American Medical Association meeting at Columbus, an expense not exceeding \$300 to be borne by the society).

The principal paper of the first afternoon general session was the notable paper by Dr. W. H. Wishard, one of the four surviving charter members of the State Society. The other three charter members, Drs. J. M. Gaston and P. H. Jameson, of Indianapolis, and Dr. J. W. Florer, of Texas, listened to this address, as did also two hundred and fifty other members of the Society. Dr. Wishard, though eighty-four years of age, appeared hale and hearty, and read his address in a clear and distinct tone of voice, and followed the notes without the aid of glasses. The address, which was listened to with utmost attention and interest by the large audience, and frequently brought forth rounds of applause, was principally a history of the growth of the State Society. (On another page we give a part of Dr. Wishard's address).

EVENING SESSION.

The evening session was called to order by Dr. Jonas Stewart, of Anderson, the Vice-President being absent. Upon the stage, which was beautifully decorated with palms and cut flowers, were seated most of the officers of the Society, several ex-presidents, and four charter members of the Society, Drs. Wishard, Florer, Gaston and Jameson. A large and brilliant audience listened with attention to President Sexton's address, which was ably written

and well delivered. Following the president's address the members and invited guests to the number of eight hundred repaired to the banquet room and garden adjoining, where refreshments were served. One of Indianapolis' best bands rendered a fine musical program throughout the evening, and later an orchestra furnished music in the auditorium for a large number of members and guests who enjoyed dancing. At the conclusion of the last number on the dance program the guests returned to their hotels vowing that the entertainment had been a little the best ever given the Society.

SECOND DAY.

GENERAL SESSION.

The morning session of the second day was called at 9 a. m., with President Sexton in the chair. The Committee on Ethics had but one case to report, that from Davies County, referring to alleged unprofessional conduct on the part of Dr. McCowan in breaking contract and faith with fellow society members in accepting contract for county work. The committee referred the matter back to the county society for reconsideration, and the report was unanimously adopted.

The treasurer, Albert E. Bulson, Jr., of Fort Wayne, reported that the Society had no indebtedness and that there was a balance of nearly \$400 in the treasury. .

The Finance Committee reported that all bills and vouchers of the secretary and treasurer were found correct.

Dr. Kemper, of Muncie, offered a resolution congratulating the Marion Medical Society on its successful efforts in establishing a medical library for use of the profession of the State.

A committee was appointed, in accordance with motion to that effect, to prepare circulars referring to necessity for vaccination, and care in the management and treatment of contagious and communicable diseases, to be distributed throughout the State.

The vote of delegates for the place of next meeting resulted as follows: Anderson, 44; Evansville, 34; South Bend, 24. On motion Anderson was selected as the next place of meeting.

MEDICAL SECTION.

The morning session of this section (2nd day) was called at 11 a. m., with papers upon "Malaria," by Drs. Potter and W. T. S.

Dodds. Dr. Potter discussed the haematozoon of malaria, and Dr. Dodds the clinical features of malaria as seen at Camp Mount, Indianapolis, among the returning soldiers from the Eastern and Southern States

Dr. Brayton, in discussing the papers, urged those interested in the study of malaria to procure and study the classic work of Thayer, and also his later essays in the System of Progressive Medicine, edited by Hare; also the work of Manson on tropical diseases and the writings of Sajous in the Annual.

The paper was also discussed by Drs. Hervey, McGowan, Robinson and Eichelberger.

Drs. F. B. Wynn and F. B. Thompson presented the subject of leucemia, Dr. Wynn presenting the specimen and clinical history of a case of spleno-medullary leucemia. Dr. Thompson advocated that leucemia patients should live in the country, be well nourished, and kept cheerful and hopeful as possible.

Dr. G. H. Grant, of Richmond, discussed the paper and called attention to the blood characteristics of the disease.

"Medical Dietetics" was the title of an able paper presented by Dr. W. J. Fairfield, of Anderson. Discussed by Dr. Scherer, of Indianapolis.

MEDICAL SECTION.

AFTERNOON, SECOND DAY.

Called to order at 2 p. m., with President Sexton in the chair. The first paper presented was that of Dr. Etta Charles, of Summitville, on "Abnormal Development." Was discussed by Drs. A. W. Brayton, Chas. Stoltz and R. Pence.

Dr. J. C. O'Day, of Montpelier, read an able paper on "Irrigation of the Colon in Typhoid Fever," in which he argued that by this means absorption of toxic elements was largely prevented, the temperature became lower and the patient made a much earlier and better recovery. The paper elicited favorable discussion from Dr. A. Maxwell, of Indianapolis, and others.

"Thiosinamin" was the title of a paper presented by Dr. L. J. Willien, of Terre Haute, in which he detailed his experience with the drug in the treatment of lupus, cicatrix, urethral stricture, keloid and particularly in a case of brain syphilis. He thought the drug a valuable one.

Dr. Brayton thought that the value of the drug had been over-

estimated. He considered it a valuable gastro-intestinal stimulant and irritant.

Dr. Chas. Stoltz, of South Bend, read a paper on "Child Growth and Our Present System of Education," which elicited much diversity of opinion in the discussion by Drs. Brayton, Maxwell, Pence and Fairfield. Dr. Brayton criticised the Indianapolis School Board in deciding that when a woman marries she must resign her position as teacher. Dr. Maxwell, a member of the Board, said that it was in no sense the object of the board to deprive married women from teaching, but rather to give the board opportunity to take such action as seemed necessary in case a woman teacher married and upon becoming pregnant insisted upon teaching up to a few days prior to confinement, as had once been the case in Indianapolis.

The other papers of this session were referred by title.

SURGICAL SECTION.

MORNING SESSION, SECOND DAY.

Called to order at 10 a. m. by President Sexton.

Dr. E. C. Davidson, of Lafayette, presented the first paper, his title being "Cholelithiasis." The paper was largely devoted to the consideration of the medical and surgical treatment of gall stones, with the details of a case on which the essayist had recently operated.

"Surgical Treatment of Gall Stones" was the title of a paper by Dr. Frank C. Ferguson, of Indianapolis. Clinical history, pathology and complications resulting from gall stones was discussed. He considered all cases of gall stones surgical cases. Operations were described. He advocated cholecysto-enterostomy. Cases were cited.

The discussion was opened by Dr. Walker, who advised an early operation as affording more favorable chances for recovery. Dr. Miles F. Porter, of Fort Wayne, spoke of the frequency with which malignant growths are found associated with gall stones. He recognized every case as a surgical case, but did not consider every one an operative case. He saw no reason why calculi would not reform. Dr. Joseph Eastman mentioned the various complications in these cases and the indications for the various operations. He preferred codeine to morphine as an anodyne. Drs. Ferguson and Davidson closed the discussion by answering such

objections as had been offered against operation of cholecysto-enterostomy.

"Diagnostic Curettage" was the title of Dr. J. Rilus Eastman's paper. He thought that the examination of curetted matter might shed light on the diagnosis, and illustrated by numerous sections and blackboard drawings.

In the discussion of the paper Dr. Thomas B. Eastman emphasized the necessity of early recognition of malignancy.

AFTERNOON SESSION.

Called to order at 1:30 by Vice President Keiper.

"The Report of a Case of Appendicitis with Ruptured Appendix," by Dr. M. G. Moore, was the first paper presented. The patient was a lad fourteen years old, and details of the operation and after treatment of the case was given by the essayist.

"A Plea for Early Operation in Appendicitis," by Dr. A. M. Hayden, of Evansville, in which appendicitis was considered a surgical disease from the first day of attack and warranted operation in all cases, even the mildest, was discussed along with the paper of Dr. Moore. Dr. Gilbert, of Evansville, advised an operation as soon as the classical symptoms of appendicitis were recognized, but spoke of the difficulty in differentiating between the mild cases and those which at any moment might become exceedingly grave. Dr. Dunning thought that those cases which were recognized within the first twenty-four or forty-eight hours were favorable cases on which to operate. If the case is not diagnosed until the fourth or fifth day the operation would probably prove more successful if postponed for a short time.

"Some Newer Methods in Surgery" was the title of a paper by Dr. W. V. Morgan. This was devoted to a consideration of some of the new methods which he had adopted in genito-urinary practice, and which had been productive of good results. Among the many which he approved were electrolysis in urethral strictures, a new clamp for circumcision, a method of operating for varicocele, injection of formaldehyde gas in cases of cystitis, the use of a semi-circular metal catheter in supra-pubic cystotomy, ligation of the internal pubic arteries for prostatic hypertrophy, and the use of the psychrophore in posterior urethritis.

Dr. J. Rilus Eastman, in discussing the paper, thought that the semi-circular catheter could only be introduced with great dif-

difficulty if at all in case of hypertrophied prostate, and that the psychrophore should be used with the greatest caution.

"Antisepsis" was the title of a paper presented by Dr. M. N. Elrod, of Columbus. This was rather an elaborate discussion of the indications for the administration and uses of the various antiseptics, both internal and external.

"Enlarged Tonsils" was the title of a paper by Dr. L. D. Brose, in which he recited the complications of tonsillary hypertrophy, which included among others impaired phonation and deformities of the palate, nasal septum and thorax, with mouth breathing depending upon all. He advocated the removal of all enlarged tonsils and favored the use of the cautery snare.

Dr. Stillson related a personal experience with hemorrhage and advocated the cold snare as a substitute for the cautery snare. Dr. Barnhill thought that tonsils should be removed not only because of the obstruction to proper breathing, but their tendency to produce middle ear trouble and septic absorption. Dr. Stevenson advised painting after tonsillotomy as a conservative factor in relieving hemorrhage. Vaso-dilators were commended. He thought that the operator should be prepared to ligate the external or common carotid artery, or preferably expose and compress if necessary. Dr. G. V. Woollen expressed the opinion that all tonsils were pathological growths and, therefore, should be removed. In reply to a question regarding fatal results from hemorrhage following tonsillotomy, Dr. Keiper stated that by writing to Washington he had been able to learn of two such cases that were recorded.

"Some Practical Remarks on Glaucoma" was the title of Dr. Stillson's paper, in which he considered the disease one of the most fatal to vision, yet amenable to treatment. He thought it associated with various diatheses to which treatment must be directed. Of surgical measures he found iridectomy the most valuable.

Dr. Stevenson advised constitutional treatment, salicilate of soda in his hands having in some instances produced good results. Dr. Brose, of Evansville, reported a case of glaucoma in which removal of the lens saved the vision. Dr. Heath thought the principal symptoms to be considered were increased tension, cupping the optic disc, contraction of the field of vision and occasional pulsa-

tion of the retinal vessels. He thought an iridectomy with a puncture of the sclerotic coat an excellent operation.

This closed the reading of papers, the other papers upon the program being referred to the publication committee without reading.

After a few remarks by the retiring president, Dr. Sexton, the gavel was turned over to the new president, Dr. Walker Schell, of Evansville, who expressed his thanks for the honor conferred upon him by the Society. On motion the Society adjourned to meet at Anderson in May, 1900.

Fort Wayne Medical Journal-Magazine

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A Journal of Medicine and Surgery, Published between the 1st and 15th of every month. Price, \$1.00 Per Year, Postage Prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of May:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	2	0
Scarlet Fever ..	2	0
Measles	0	0
Typhoid Fever	0	0
Tuberculosis	not rep	9
Cerebro-Spinal Meningitis.....	not rep	2
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		44

STATE SOCIETY MEETING.

The fiftieth anniversary meeting of the Indiana State Medical Society, held in Indianapolis June 1st and 2nd, from point of attendance, scientific interest and social advantages, was one of the best in the history of the Society. The Deutsche Haus, with the appointments usually found in a club house, was particularly adapted as a meeting place for the Society, and the Committee of Arrangements are deserving of great praise for their judgment in providing such advantageous quarters.

An innovation, but deserving as a permanent feature, was the dividing of the program into two sections, the medical and surgical, each meeting in separate audience rooms. This not only gave sufficient time for the reading of the large number of papers upon the program, but afforded time for discussion of all papers, something much neglected at former meetings when twice as many papers were listed as could be read and even meagrely discussed. It also admitted of a division of the honors of presiding, the president acting as chairman of the medical section and the vice-president as chairman of the surgical section.

The papers presented were for the most part of a high order, and valuable contributions to our scientific knowledge. As appearing in the bound transactions they will be unusually worthy of preservation.

Too much credit can not be given the local medical profession of Indianapolis for the hospitable manner in which the visitors were entertained. The banquet, garden concert, and later the ball were features which added much to the pleasures of the guests and brought credit to the members of the Marion County Medical Society, who acted as hosts.

It is such meetings as that recently held in Indianapolis which add interest and growth to the society, and unite the members in closer social relation. For four years, or since migration came into effect, the Society has enjoyed intellectual and social treats similar to that recently presented at Indianapolis. We believe the Society will continue to enjoy meetings of this character and we welcome the new order as the beginning of a new era in the general prosperity of the Society. The meeting of 1900, to be held at Anderson, promises to equal the one which has recently passed into history, and we look forward to it with much pleasurable anticipation.

DEATH OF DR. THOMAS J. DILLS.

The many friends and acquaintances of Dr. Thomas J. Dills, formerly of Fort Wayne, will be grieved to learn of his sad death at Pomona, California, Saturday, June 3rd. Dr. Dills had been in ill health for many years and left Fort Wayne in search of a better climate, in an endeavor to relieve himself of the dreaded disease (consumption) which finally resulted in his death. His first year's residence in California produced an improvement in his general health which encouraged both himself and friends, but for the past two years his strength had gradually failed and for a few weeks prior to his death the members of his immediate family had given up all hopes of his recovery.

Dr. Dills was the youngest of ten children and was born at Spencerville, DeKalb County, August 10, 1847. The ancestors of Dr. Dills emigrated from Maryland and settled in New Jersey and Long Island as early as 1749. His parental grandfather entertained General Washington and staff at his home in New Jersey during the war of the Revolution.

At fifteen years of age Dr. Dills began his university education, and in 1867 he began the study of medicine, graduating in 1871 from the medical department of the University of Michigan. His first practice was at Avilla, Indiana, where he remained until 1873, when he entered Bellevue Hospital where he remained for two years devoting special study to diseases of the eye and ear. He practiced his specialty in Fort Wayne from 1875 to 1883, after which he spent several months in Europe perfecting himself in his specialty. In the practice of his profession he was eminently successful, and his medical friends and acquaintances throughout the entire northern part of Indiana credited him with being unusually successful both in diagnosis and treatment of all eye and ear affections.

He was a man of striking personality and impressed one as being a man of talent and of the most gentlemanly instincts. Of affable and polished nature, and unquestioned integrity in every particular, his friends were numberless, and acquaintances of all kinds held him in the highest esteem.

In the practice of medicine he brought into his work those scientific attainments acquired by persistent study and application, and his success was due as much to the practical application of the

ideas of a well stored scientific mind as to his ability to make and retain friends among his patrons.

Dr. Dills was a member of quite a large number of medical societies, which he attended regularly. Among them may be named the Allen County Medical Society, Indiana State Medical Society, Northwestern Ohio Medical Society, American Medical Association, the Southern California Medical Society and the California State Medical Society.

He leaves a wife and two children to mourn his untimely death. His remains will be interred at Pomona, California, where his family now reside and will continue to reside in the future. .

A. E. B.

"NO FUNDS" NO DEFENSE.

The physicians of Fort Wayne, when they have asked that certain things be done to protect the health of the city, have, on several occasions, been put off by the members of the City Council with the statement that there were no funds to be had for such purposes.

This has been practically the only excuse they have offered for their failure to build a contagious disease hospital. That the excuse is not a valid one has been contended by the profession of the city pretty generally.

In further proof of this stand taken by the doctors, we submit the following clipping from the *Jour. of the Am. Med. Asso.* of May 13, 1899: "Mr. Justice Hirschberg holds, speaking for a special term of the supreme court of New York, in the case of Kent vs. the Village of North Tarrytown, that, if it is incumbent on the municipal authorities to raise money to defray expenses incurred by the board of health, although no provision exists in the village charter for that purpose, it can hardly be contended that the want of funds is a sufficient answer in an action for services lawfully performed under employment by the board in the direct discharge of its official duties, and expressly adopted and ratified by the municipality. The restrictions of the charter as to expenditures for general purposes do not, and, from the peculiar and uncertain nature of the requirements of the case, can not apply to expenditures in the prosecution of the work of the health department. The municipality is subject to the statutory liability, and while there may be

no funds, because there has been a failure to levy and collect the necessary amount, or to appropriate a sum to meet the liability, such action is not a condition precedent to a right of recovery."

NON-HEREDITY OF TUBERCULOSIS.

At the Great Congress for the study of the prevention of tuberculosis, which was recently held at Berlin, perhaps the most striking paper that was presented was that by Professor Virchow in which he denied that tuberculosis is hereditary. Virchow's contention startled a large majority of the delegates to whom the doctrine of the heredity of tuberculosis had been almost law and gospel. Coming from a man of less eminence as a pathologist this idea would have been stigmatized as rank heresy. Virchow, however, is too learned, experienced and conservative to be branded as a heretic, and his announcement was therefore received with marked respect.

Virchow's opinion is based upon personal tests in unborn and newborn children. He contends that our ideas regarding heredity arise largely through the fact that members of families in which consumption prevails are quite apt to be afflicted with the disease. The disease, however, is acquired through contact with those suffering from tuberculosis, though a natural predisposition favors the acquirement.

From a social, as well as scientific standpoint, the opinions of Professor Virchow are bound to produce extended comment, and our text books in discussing the etiology of tuberculosis will undoubtedly in the future leave out the argument of hereditary transmission.

NEWS NOTES AND COMMENTS

DR. SENN FOR GOVERNOR OF ILLINOIS.—Dr. Nicholas Senn is said to be a candidate for the Republican nomination for Governor of Illinois in 1900.

Major E. R. Morris, formerly demonstrator of anatomy in the

Fort Wayne Medical College, is in command of the brigade hospital recently established at Iolito, P. I. The hospital has seventy-five beds.

MILK DIET NOT APPLICABLE IN TYPHOID FEVER.—Typhoid fever patients should not be filled up with milk, which is administered as liquid food; for, while it seems to have the form of liquid, yet, as a food, it is not liquid, but solid. Bread and butter, mashed potatoes, or even pumpkin pie are not capable of filling the small intestines with such immense indigestible boluses of substance as result from milk. It is also a fine culture medium, and it is marvelous to see how rapidly bacteria are propagated in it.—*Medical Age*.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. MCCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics in the Fort Wayne College of Medicine, Fort Wayne, Ind.

THE TREATMENT OF EXOPHTHALMIC GOITRE WITH SULPHATE OF QUININE.—*The Therapist* for May 15th, citing the *Journal de medicine interne* for December 15, 1898, says that Paulesco agrees with Reynier that exophthalmic goitre is not, properly speaking, a disease of the thyroid gland but a disease of the blood vessel system, a vaso-dilatation, causing cerebral congestion, with an increased activity of the thyroid gland, and other reflex symptoms. In the treatment of this trouble a vaso-constrictor is called for, and one meeting the requirements better than all others is sulphate of quinine. He reports three cases, one in detail; all were greatly benefited by the treatment.

ELECTRO-THERAPY.—Dr. A. C. Geyser concludes an article in the June, 1899, number *Dietetic and Hygienic Gazette* on "Electro-therapy," with the following conclusions:

In adopting a definite line of treatment in electro-therapy as:

well as in any other, we must have a reason, a logical deduction for the same and this I will base upon the following hypothesis, viz: That living means nutrition; nutrition means chemical action, and chemical action under proper conditions means an electric current. These conditions are a closed circuit combined with any two different tissues the one acted upon, the other not.

This hypothesis holds true of both normal and morbid nutritional processes. As regards such processes it compels us to base our treatment upon the broad generalization that every such process is an electro-positive focus.

That proliferation is an excessive chemico-nutrition which the negative pole makes more excessive, the positive less excessive, that is, counteracts.

In atrophy there is a deficient chemico-nutrition which the negative pole stimulates and restores, the positive, on the other hand, makes more deficient or destroys.

The above hypothesis, based as it is upon well-known chemical and physical laws, at once suggests the only proper and rational line of treatment to be pursued in electro-therapy.

THE RELATION OF THE NERVOUS SYSTEM TO ALBUMINURIA.

—Dr. J. H. Brownlow (*Albany Medical Annals*, May), in concluding an interesting paper, says that overstimulation, irritation, or lesion to portions of the floor of the fourth ventricle of the brain, or the fibres passing from its immediate vicinity, at once affect the circulation of the kidneys, and if persistent and severe, are quickly followed by all the pathogenic evidences of acute albuminuria. In the initial stage, particularly in the chronic form, our attention should be early directed to the nervous system, if we hope to arrest its development. Indispensable to success in the treatment of the disease is a correct knowledge of its etiology and pathology. The prodromata of parenchymatous and interstitial nephritis evidence themselves in a most direct and positive manner in disturbances and derangements of the whole nervous system. At every stage, from the initial to the final, the varied series of nervous manifestations, renal and arterial pathological conditions, if properly interpreted, clearly and unmistakably point, in the author's opinion, to a nervous origin. In conclusion, he draws the following inferences:

That all the alleged causes of acute albuminuria, with the ex-

ception of the toxins of scarlet fever and diphtheria, are devoid of specific pathogenic power and should not be accepted.

That the opinion of leading authorities that these toxins primarily act on the tissue elements of the kidneys, causing inflammation of these organs and resulting in acute or chronic albuminuria, is unwarranted, and is controverted by anatomical and physiological principles.

That in the highly organized and susceptible nervous system, with its primary, perpetual, and controlling dominion over metabolism, is to be found the primary morbid process from which all the other grosser lesions are the direct result.

That, as in acute albuminuria the true aetiological factors are the toxins of scarlet fever and diphtheria, so in the chronic form auto-toxins are the active pathogenic factors, and their specific action is primarily evidenced on the nervous system.

That severe mental strain, intense worry, deep and profound sorrow the silent grief of domestic and financial misfortune, are the most active predisposing causes in albuminuria.

That the obscure and constant nervous manifestations are more reasonably accounted for on this theory than upon any other.

That the pathological conditions found in the renal organs, arterial system, brain, spinal cords, and sympathetic ganglia are local manifestations of a deranged and diseased nervous system, developed by auto-intoxication and resulting in deranged metabolism.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

OPERATION FOR ANEURISM OF THE ABDOMINAL AORTA.—We learn from an editorial on the subject in the *Medical News* of May 6, 1899, that there have been made six operations on aneurisms of the abdominal aorta since 1895 by insertion into the aneurism of silver wire through a canula. Of the six cases Loreta operated two, and Langton one of the successful ones. Three cases died, making a mortality of 50 per cent. It were better, perhaps, to say that the operation cured 50 per cent. of the cases, for death is inev-

itable without operation. The operation is made through an abdominal incision, the trocar opening being tied. The operation deserves more extended trial.

CANCER PARASITE.—Bra (*Med. News*, May 6, 1899), has spent four years in the work of isolation and cultivation of the cancer parasite. He says he has never failed, in a large number of cases, to isolate a fungus belonging to the ascomycetes. The parasite may be found in the blood or the tumor, but preferably from the latter. Intravenous inoculation of 1 c. c. of a virulent bouillon culture produced in rabbits a subacute infection on the fourth day. A dose of 2 c. c. produced an acute infection in twenty-four hours. Animals dead of the infection showed mycotic nodules in the endocardium, pericardium and heart muscle. Examination of the blood and urine and of cultures made from the various organs of inoculated animals showed the parasite.

The tumor which forms at the site of the inoculation shows rather indifferently the structure of fibrosarcoma or carcinoma. The animals could be immunized to a fatal dose by previous injections of minute doses. No attempt seems to have been made at local inoculation.

ARTIFICIAL SUPPURATION IN THE TREATMENT OF PYAEMIA AND OTHER ACUTE DISORDERS.—An editorial in the *Journal of the Am. Med. Asso.*, May 13, 1899, discusses this subject briefly. The treatment has been almost uniformly satisfactory and has been used by many. The suppuration is produced by hypodermic injections of acid solutions of quinine, ten per cent. solutions of silver nitrate, and oil of turpentine. While opinions seem to differ as to the mode of action of the treatment, the results seem to be beyond question. The pus collections produced by the injections are usually found to be sterile. Osteomyelitis, pyaemia, septicaemia, scarlet fever, pneumonia, and erysipelas are among the varied conditions in which the treatment has been successfully used. A case of general pyaemia reported by Menko (*Berlinger Klin. Woch.*, Feb. 27) is given, in which the usual measures had failed to give relief and the prognosis seemed very gloomy, when 30 minims of oil of turpentine were injected into the calf of the leg. After six days fluctuation appeared. Improvement followed at once, but recru-

descence occurred as the abscess subsided. A second injection was therefore made seventeen days after the first. On the following day redness, heat and swelling were evident, whereupon improvement again set in and progressed to ultimate recovery.

TREATMENT OF LEUKORRHEA.—The usual means for treatment for leukorrhea act only for a short time and over a limited area. The acids are soon neutralized by the alkaline fluids of the body and the metallic salts soon form albumin compounds. The tissues are subject to the influence of continuous deleterious action of the bacteria. If one is to combat these, a means is needed which acts persistently, either to destroy the germ or its culture-medium. During the last six months Landau has treated forty cases of leukorrhea with yeast; most of the patients were about, although some were confined to bed. In more than half of the cases every macroscopic evidence of discharge appeared after one or two applications. The cures were also permanent after discontinuance of the treatment. In a further number of cases the discharge ceased after a longer use of the yeast. In certain other cases there was evident diminished discharge and subjectively practical cures. In a few cases there was no result. The yeast was obtained from a brewery and was mixed with a certain amount of beer, making a thick fluid. This was drawn up with an ordinary gonorrheal syringe, with a capacity of about 10 or 20 cc., and injected into the vault of the vagina, and a tampon was inserted which remained in place twenty-four hours. Vaginal douches were entirely omitted and the treatment was repeated after two or three days. This treatment was continued for several weeks. Unpleasant or harmful effects were not noted.—(w. k.)—Th. Landau, Abstract *Phila. Med. Jour.*, May 20, 1899.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

CHRONIC NASAL CATARRH.—The *Medical Bulletin*, quoting Hagedorn in *Die arztliche Praxis, Wurzburg*, No. 7, 1899, recommends insufflation of very finely powdered xeroform into the nasal cavities in those cases of chronic nasal catarrh in which there is an exceptionally abundant secretion. The remedy not only effects a more rapid desiccation, but produces a reduction in the size of the affected membrane through its general alterative and astringent action. Insufflations of xeroform are also recommended after the radical removal of adenoid vegetations.

In hypertrophies of the mucous membrane in the nasal cavities massage is invariably employed, the hard rubber catheter recommended by Politzer being used. The massage treatment is employed once or twice daily for three or four weeks when, if no marked reduction in the size has occurred, galvano-cautery or other operative procedures are instituted. Cocaine is employed to lessen the amount of irritation produced by the massage.

FOR "BLACK EYE."—Dr. May (*Medical Review*) gives the following hints as to the treatment of "black eye." When the patient is seen early, before discoloration has set in, cold compresses or evaporating lotions are indicated; this will reduce the swelling and limit the subsequent discoloration. But if the patient is seen after he has a fully developed "black eye," hot compresses and massage are required. The affected portion is smeared over with vaseline and is rubbed for ten minutes several times a day. By frequent massage and continuous applications the discoloration may be almost entirely removed within twenty-four hours. The professional "black eye" artists use, for several hours, a poultice of the scrapings of a root, the nature of which they keep secret, but which the author thinks is bryony root, and he has used the latter with good effect.—*Ophthal. Record*.

CLOSING PERFORATIONS OF THE MEMBRANA TYMPANI.—The tendency of perforations of the membrana tympani are undoubtedly to heal by granulation, but in certain cases the formation of an overlying epithelial tissue acts as a restraint to the granulating process. In all such cases, if the epithelial tissue is burned off with trichloroacetic acid, the subjacent granulation tissues will, under ordinary circumstances, close the breach. Twenty-three recoveries resulted from forty-two attempts to close perforations in the drum membrane, made by Okuneff, who first advocated the use of trichloroacetic acid in the treatment of drum perforations. The sessions of treatment were at intervals of from four to fourteen days. Since this report was published several foreign otologists of note have spoken highly of the treatment, and several of them have reported a large percentage of complete recoveries in the cases in which the treatment has been tried.

Inasmuch as perforations of the tympanic membrane are a menace to hearing and to the health of the ear, and in general predisposes to mastoid disease and intracranial complications, Okuneff's treatment, which promises so much, should be welcomed with favor by all practicing physicians.

TINNITUS AURIUM.—Ringing or buzzing in the ears is a symptom of many ear troubles as well as general disorders, and is usually considered a circulatory disturbance. It, however, is the bane of many a patient's life from the fact that permanent relief is so problematical and uncertain. Dr. M. G. Price, in *Merck's Archives*, says, in speaking of tinnitus aurium, that he considers it as one having authority because of having had it himself. He believes that in the majority of cases relief can be secured if care in differentiation is used. Some cases of the nervous order are benefited by maximum doses of tincture of cimicifuga, while in others the bromides give good results. Ten grains of ammonium bromide or sodium bromide after each meal or three doses during the evening is a good prescription. If the tinnitus is due to cerebral anemia it may be relieved by glonoin. If the malady is continuous atropine is very efficient, though if the tinnitus is due to hyperemia aconitine is the remedy.

In his own case which was continuous and of several years standing, with slight deafness, he was most agreeably benefited by:

R—Morphine sulphate, gr. I- 12
 Atropine sulphate, gr. I-600
 .Caffeine citrate, gr. I-6

Two or three such tablets in the course of the day will eventually cure.

In rheumatic patients suffering from tinnitus, with thickening of the ear drum, pilocarpine is very efficient prescribed in the following combination:

R—Pilocarpine hydrochlorate 2 grs.
 Syrup of gaultheria 3 ozs.
 M. Sig—Teaspoonful night and morning.

ICHTHYOL IN KERATITIS.—Several noted ophthalmologists on the continent have particularly recommended ichthyol in the treatment of the various forms of keratitis. The editor of this department has for a year past employed ichthyol in solutions of various strengths in the treatment of different ocular affections, and finds that he has had unusual and exceptional results from the use of the drug in the treatment of some of the different forms of keratitis. In simple corneal ulceration, in vascular keratitis and pannus and in phlyctenular keratitis, ichthyol frequently acts like magic when all other remedies fail. The remedy acts as an antiseptic, astringent and depletive and can be applied in from a twenty-five per cent. solution up to the pure ichthyol, depending largely upon the amount of irritation produced. In all cases the applications should be preceded by cocainization.

In simple corneal ulceration the writer frequently applies gently to the ulcerated surface, by means of probe and cotton, pure ichthyol, and has seen most excellent results from this practice. In phlyctenular keratitis and conjunctivitis a twenty-five to fifty per cent. solution applied freely to the corneal and conjunctival tissue produces satisfactory results, along with the usual constitutional remedies. In three cases of granular conjunctivitis attended by corneal ulceration and pannus, satisfactory results were obtained from the use of a seventy-five per cent. solution of ichthyol after nearly all other recognized treatment had resulted in failure.

From experience in a large number of cases in which ichthyol has been used, the writer believes that but a moderate amount of irritation is produced in any case, which promptly disappears, leaving the eye in much better condition than before. He would therefore recommend more extended use of the drug.

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No. 7.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

FATAL CASE OF FORMALIN POISONING.

BY CHARLES BOCK, M. D.,

Resident Physician Indiana School for Feeble Minded Youth.

An accidental case of poisoning by drinking formalin occurred at the I. S. F. M. Y. April 21, 1899.

The formalin was being used at the farm in a 4 per cent. solution as a germicide for treating seed potatoes for the scab fungus, when an inmate seized the bottle during the temporary absence of the man using the formalin, and drank about 1 to 3 oz. of the concentrated (4 per cent.) solution. Following are a few notes of the case:

The inmate was a low grade imbecile, 26 years of age, strong and healthy. Immediately after drinking the solution he complained of pain in the stomach and began vomiting. The vomitus was blood stained, and had a strong pungent odor of formalin. Large quantities of albumen water were immediately given, which he drank with but little difficulty. An emetic of 1-10 gr. apomorphia was given hypodermatically, which produced free emesis, and two hours later but a faint pungent odor could be detected in the vomitus or breath and no blood in vomited fluid. Patient at this

hour was somewhat weak, complained of slight pain in stomach, but heart action and pulse were good, temperature normal, and otherwise his appearance and actions indicated but a slight degree of shock. He was kept in bed, and for the following six hours was given at short intervals small quantities of plain and albumen water, and once 4 oz. of peptonized milk which he retained. During this period he vomited several times, bowels moved three times naturally, rested fairly well. Improvement seemed continuous until the sixteenth hour from the onset when a weakening of pulse was noticeable, although he had vomited but twice and was comfortable during the previous eight hours. He was given hypodermatically 1-20 gr. strychnine sulphate, and one hour later 1-100 gr. nitro glycerine. Plain albumen water and peptonized milk at short intervals.

Twentieth hour, pulse weak, temperature normal. Began strychn. sulph. 1-16 gr. every hour, and sparteine sulph. 1-5 gr. every three hours per mouth.

Twenty-seventh hour, pulse 92, weak, soft and of small volume, temp. 102, slight pain in stomach, no nausea, apparently comfortable. Urine, acid reaction, sp. grv. 1010, trace of phosphates, otherwise normal.

Twenty-ninth hour. During preceding twelve hours he had been quite thirsty, taking a fair amount of liquids and vomited but once. Surface body temp. warm, no perspiration, no mental symptoms, no cyanosis, respiration 40, now becoming restless and heart action failing. He was given 17 oz. of normal saline solution per hypodermoclysis and at the thirty-first hour 16 oz. per intra-venous injection, but the general cardiac depression continued, resulting in death at the thirty-second hour, there being an occasional short period of slight cyanosis during the last hour.

Autopsy one hour later revealed the following conditions:

Lividity marked, especially of the lips and eyes. Rigor mortis marked. Heart in systole, right heart distended with dark fluid blood which does not become red with the addition of pure oxygen, no clots. Right pleural cavity almost obliterated by old fibrous adhesions. Lungs crepitate throughout, pressure applied to the cut surface produces an oozing of dark fluid from disseminated points. No edema or marked congestion. Peritoneal cavity contains large amount of clear serum. Peritoneum normal. Upper 2-3 of esophagus slightly inflamed. Stomach contains 4 oz. of dark fluid, which by chemical examination was found to contain no

formalin. Stomach walls are 1-5 cm. in thickness, very edematous. The cardiac end is very red and highly inflamed. The balance of the stomach wall down to and including the muscular coat is necrotic, dark, tough and cuts like old leather. External surface of stomach presents posteriorly considerable congestion, anteriorly areas and spots of congestion.

The inflamed area of the duodenum is confined principally to the valvulae conniventes.

Microscopic examination of stomach was difficult to make owing to its walls being so literally cooked and hard. The infiltration with paraffine was very slow and imperfect. Sections showed that the cells were completely destroyed. Other findings practically normal.

The virtue of formalin has been its positive antiseptic and supposed non-toxic and non-irritant properties. It is being extensively used not alone by physicians but by the laity and especially the farming community as well. The ravages of the potato scab fungus, which has been so destructive to the tubes, has caused investigations at the agricultural experimental stations with the result that bulletins were issued recommending the use of formalin as a safe and most reliable germicide.

SOCIETY PROCEEDINGS.

ALLEN COUNTY MEDICAL SOCIETY.

The mid-summer meeting of the Allen County Medical Society was held at Robison Park, Fort Wayne, on Tuesday afternoon, June 27th. This was the last meeting of the society prior to the summer vacation of July and August, when no meetings are held. The members of the medical societies in Wells, Huntington, DeKalb, Adams, Wabash, Whitley, Noble and St. Joe counties were invited as guests of the society. It was arranged that the meeting should be largely social in character, and in consequence the ladies were invited to attend, special arrangements having been made for their entertainment during the afternoon and evening.

The meeting was called to order at 2 p. m. in the dancing pavilion, with President Albert E. Bulson, Jr., in the chair. The principal address was by Dr. Chas. A. L. Reed, of Cincinnati, upon "The Trend in Abdominal and Pelvic Surgery." Dr. Reed is a gynecologist of more than ordinary reputation and ability, and his address was therefore of unusual interest and listened to attentively by the large audience present.

Dr. Reed started out by saying that the progress in gynecology had been so rapid that many of the older practitioners failed to appreciate the value of the achievements of the progressive gynecologist. Instead of the vaginal tampons, pessaries and supporters of various kinds with which the old time physician felt himself competent to treat any "female weakness" that might come to his notice, the use of which is now obsolete, the modern gynecologist appreciates the value of antisepsis, hygienic regulations and surgical intervention as essentials in the treatment and cure of nearly all of the gynecological cases, which under the old system were considered at best relieved but not cured. To-day it is possible to make a large percentage of women suffering from what is commonly termed "female weakness" thoroughly well, instead of allowing them to continue as sufferers throughout the rest of their natural

days. Dr. Reed, however, said that there was such a thing as being an extremist, and that a conscientious gynecologist would be conservative in his adoption of surgical procedures for the relief of many so-called surgical diseases. He would condemn any operator who removed both ovaries in all cases irrespective of the presence of disease in one ovary or in portions of both. He would save even a fragment of one ovary wherever it is possible to do so. He thought much of the criticism that had been given the gynecologist on the question of removing ovaries was due to the fact that many physicians were incapable of judging whether an ovary is diseased or not. He had personally known of instances where an atrophied ovary, thoroughly useless, had been pronounced sound by physicians incapable of judging, and a verdict given out that the woman had been unsexed without cause. Dr. Reed had only pity for a man who would express such a sweeping opinion upon a subject with which he was so unfamiliar.

In the discussion of the paper Dr. Porter coincided with the essayist in the main, and emphasized the necessity of more care in the examination of women suffering from so-called female weaknesses, and especially urged the necessity of making a careful examination of all women after confinement for the purpose of detecting lacerated perinii and cervices which he considered much more common than generally supposed. He recognized the possibility of these lacerations being the stepping-stone to malignancy.

Dr. Buchman thought that many surgeons were too anxious to operate upon every woman who was in any wise in imperfect health, and cited the case of a patient recently under his care who had become thoroughly well under proper medicinal and hygienic treatment, whereas at the time of coming under his care she had been advised to have an ovariectomy performed.

"Uterine Fibroids with Exhibition of Specimens" was the title of an interesting talk by Dr. M. F. Porter, of Fort Wayne, in which the symptoms, methods of diagnosis, various operative treatment and prognosis were thoroughly considered. The difficulties of operation were particularly mentioned and his preference shown for the abdominal operation. A large number of interesting specimens showing the various forms of fibroids were shown.

In discussing the paper Dr. Duemling expressed the idea that for removal of small tumors the vaginal route seemed to be not only desirable but preferable. The complication of pregnancy with that

of uterine fibroid was mentioned, and a case cited in which an unsuspected pregnancy was found in connection with a uterine fibroid.

Dr. Rosenthal pointed out some of the difficulties of operation when extensive adhesions presented, and mentioned among other complications accidental opening of the bladder. He thought that opening the bladder was not such a serious complication as it was generally considered, and in proof of this cited a case in which a wide tear in the bladder wall was closed, the ureters being stitched to the walls and uninterrupted recovery following.

Dr. Reed considered uterine fibroids as interesting because of the variety of phases presented and the necessity for skill in operation. He condemned the vaginal route as being unscientific and exceedingly apt to lead to grave complications. Opening the bladder should be a rare accident, but if occurring need not particularly alarm the operator, as closure of the rent generally produces satisfactory results.

In closing Dr. Porter reiterated what Dr. Reed had already said about preference for the abdominal route in operating for fibroids. He thought that opening the bladder either intentionally or by accident did not complicate the operation if due care and skill were exercised in closing the opening.

"Glaucoma" was the title of a paper presented by Dr. S. H. Havice, of Fort Wayne. This paper gave in detail the well known symptoms of glaucoma and methods of diagnosis. Particular attention was called to the necessity of early recognition of the disease owing to the disastrous and irreparable results which follow. The essayist discouraged anything but an operation as treatment, though he mentioned the use of myotics. Improper correction of errors of refraction was mentioned as one of the predisposing causes of glaucoma.

Dr. Wheelock in discussing the paper thought that the general practitioner paid too little attention to the recognition of eye diseases of all kinds, and not only neglected to give them attention himself but to refer them to some one could treat them properly. The use of atropine in all eye troubles is becoming altogether too common, and the use of this drug alone is responsible for many cases of glaucoma, the atropine hastening or increasing the intra-ocular tension, which is such a characteristic feature of glaucoma. He therefore particularly urged caution in the use of atropine, and

particularly where there is the slightest evidence of increase of tension as determined by comparison with the operator's eye or the fellow eye of the patient.

Dr. Bulson thought that operation was beneficial in a large percentage of cases, and its value was particularly seen in the saving of what sight the patient had at the time of the operation and in producing relief from the intolerable pain. He thought, however, that if recognized early, as frequently is the case with those patients who notice dimness of vision, halos around artificial lights and moderate pain, that much good would result from depletion and rest. He mentioned pilocarpine and laxatives as a benefit in many cases, and left operation as a final resort if relief was not immediate. The patient should be under constant supervision from the onset of the attack. He had but little faith in eserine and thought that in the majority of cases it produced considerable irritation. Atropine was contraindicated in all people having the slightest increase of intra-ocular tension, and its use in glaucoma amounted to malpractice.

"Some Diseases not Due to Auto-intoxication or of Intestinal Origin" was the title of a paper presented by Dr. B. Van Sweringen, of Fort Wayne. The essayist thought that there was a tendency among many practitioners to give undue prominence to auto-intoxication as one of the causative factors in the production of certain diseases, and to ascribe many diseases, particularly among the neuroses, as due to intestinal origin. He thought that many of the so-called intestinal factors in the production of disease were present as accompanying conditions depending upon the disorder rather than being a cause of it. In some of the kidney, liver and certain blood diseases, and particularly in malignant troubles, many of the intestinal bacteria and ferments were found in excess and among a certain class of practitioners considered significant and treatment instituted therefor, whereas the causative factor remained undiscovered.

Owing to the lateness of the hour this paper was not discussed as freely as deserved.

The following papers were on the program, but owing to lack of time were not presented: "Gonorrhoeal Prostatitis," by Dr. Carl Proegler, of Fort Wayne; "Hygiene of the Ancients," by Dr. H. A. Duemling, Fort Wayne; "Dietary as a Treatment for Diseases of the Eye," Dr. K. K. Wheelock, Fort Wayne; "Treatment

of Wounds of the Eye-Ball," Dr. Albert E. Bulson, Jr., Fort Wayne.

The ladies spent the afternoon very pleasantly in boat riding and other amusements such as the park afforded. At 6 o'clock the members of the society with their wives and invited guests from surrounding counties, to the number of over one hundred, were served supper in the main pavilion. In the evening members and guests to the number of eighty-five formed a theatre party to attend the Vaudeville performance at the Park Theatre.

The members and guests, one and all, pronounced the meeting a success from every point of view, and it is thought that the mid-summer meetings at the park will be a prominent feature hereafter.

AMERICAN MEDICAL ASSOCIATION.

The fiftieth annual meeting of the American Medical Association, held at Columbus on June 6th, 7th, 8th and 9th, was one of the most successful in point of attendance and scientific interest ever held. While the number registered did not reach the high water mark made at Philadelphia in 1897, it surpassed all other records and gave evidence of the wide spread and growing interest that is taken in the work of the Association.

The physicians of Columbus showed commendable activity in making preparations for the entertainment of the visitors, and nothing was left undone that might add to their comfort or enjoyment. The places of meeting for the various sections were centrally located and close to each other, adding much to the convenience of those who desired to attend more than one section.

The receptions and entertainments included on Tuesday evening the section dinners; Wednesday evening a reception at the Great Southern Hotel in honor of the Association by Governor Bushnell, a reception in honor of Prof. J. C. Wilson and Surgeon General Sternberg, of the United States Army, at the residence of Dr. Starling Loving, and a reception by Aladdin Shrine at the Shrine Club House; Thursday a reception in honor of the Association by the Columbus Board of Trade at the Columbus Auditorium. The entertainment for the ladies consisted of numerous lawn fetes, luncheons and carriage drives under the supervision of the ladies of Columbus.

The general sessions, held at the Grand Opera House, were

well attended and much important business transacted. President Dr. Joseph M. Matthews, of Louisville, presided, and was assisted in his work by the vice presidents and honorary members.

The opening prayer of the first session was delivered by the well known author and divine, Rev. Washington Gladdin. Governor Asa S. Bushnell and Mayor Samuel J. Swarty delivered the addresses of welcome, which were well received and brought forth rounds of applause from the audience. Among other things Governor Bushnell dwelt upon the progress of medicine in the State of Ohio during the past few years, and complimented the fraternity upon their work in securing legislative action regarding the treatment of epileptics and imbeciles. Hearty applause followed Governor Bushnell's remarks that he wished that politics could be separated from hospitals and similar institutions.

President Matthews' annual address contained many suggestions and recommendations, among which were that the Association did itself an injustice in going to cities too small to entertain it. He considered it advisable from many points of view that Washington be selected as a permanent location for the meetings of the Association. In this connection he suggested that perhaps the government would at some time lend the Association a helping hand in the way of securing a suitable building in which to hold their meetings. He spoke against the holding of clinics, giving of dinners, etc., by local professionals during the meetings. The death of Dr. John B. Hamilton, editor of the *Journal of the American Medical Association*, was mentioned and tribute paid to his memory. The president recommended that the editor of the *Journal of the Association* be made the permanent secretary of the Association, and that a suitable physician be selected to travel in the interests of the *Journal*.

The most important recommendation of the presiding officer was that with reference to tuberculosis, and he advised that the Association take some action or at least approve the movement to stamp out as far as scientific effort can do so, that dread disease which kills one-seventh of the world's population. He thought hospitalization of tuberculosis is urgent and will not long be withheld. He termed anti-vaccinationists a class that is doing much to endanger the lives of our citizens, and urged that the Association adopt a resolution sustaining compulsory vaccination.

The report of the Rush Monument Committee showed that

\$10,406.00 had been collected, and after many years of labor in an endeavor to raise the one hundred thousand dollars thought necessary for the monument, Dr. Gihon considered it best to resign his position to a younger man and one that might be more successful in obtaining subscriptions for the monument.

The treasurer reported collection of \$33,760.00 and cash on hand of \$21,729.00.

At the second day's general session the orations on surgery and state medicine were delivered. Dr. McRea, of Atlanta, Ga., in his address upon surgery gave particular attention to the lessons of the past year as gained from experience in the Spanish-American war. He referred particularly to the gunshot wounds made by bullets of small calibre, such as those used during the Spanish-American war. He commented favorably upon the better results obtained upon the field in consequence of more rigid rules of asepsis and antisepsis in caring for the wounded soldiers.

The address upon State Medicine by Dr. Brower, of Chicago, was upon the subject, "Medical Aspects of Crime." Although this address was largely statistical in proof of the theory that heredity plays an important part in the propagation of crime, the address proved one of the most entertaining of the entire meeting and was listened to with intense interest. Dr. Brower quoted figures showing the rapid increase in crime, and gave as one of the important causes, intemperance. Fifty per cent. of the criminals arrested in any of the large cities are inebriates. Among other causes of crime Dr. Brower considered the criminal laws and their unreasonable execution prominent factors. The laws are defective because they are directed against the crime and not the criminal. To-day, with the death penalty rarely enforced, and with no such cutting off of the supply of criminal material, the law contributes to its increase rather than to its diminution. One of the absurdities of law is frequent conviction of the same criminal; not only an absurd work but an expensive and unprofitable one. As treatment Dr. Brower thought that the propagation of crime should be stopped. There should be no possibility under the law for criminals to marry and propagate their kind. The operation proposed by Dr. Ochsner, consisting in a resection of the vasa deferentia, does not mutilate the person. It does not destroy his sexual power, but it does prevent his power of propagation, and it is an operation attended with very little risk of life, and in the judgment of the essayist it may be

made a most useful agent in preventing an increase of criminals. Children of degenerates should be taken in charge by the courts and placed at the earliest age in a favorable environment. Alcoholism can be largely controlled by a high license system, laws controlling the quality of the liquor furnished, and legislative authority to place inebriates in a long confinement where proper treatment may be instituted.

At Thursday's general session the question of making the editor of the Journal the permanent secretary of the Association came up for discussion and was warmly debated by the present secretary, Dr. Wm. B. Atkinson, of Philadelphia, who has held the office since 1864, and his friends. A report of the Board of Trustees favoring the plan of making the editor of the Journal secretary was finally adopted.

A committee on medical legislation was recommended, with an appropriation of \$250.00 for expenses, which on motion of the society was adopted.

A motion to make the retiring secretary, Dr. W. B. Atkinson, permanent chairman of the registration committee, whose duties it shall be to take entire charge and supervision of the registration at the various meetings, was passed and an honorarium of one hundred dollars and expenses voted.

NEW OFFICERS.

The report of the nominating committee, which was accepted, recommended election of the following officers for the ensuing year:

- For President—Dr. W. W. Keene, Philadelphia, Pa.
- First Vice President—Dr. C. A. Wheaton, St. Paul, Minn
- Second Vice President—Dr. E. D. Ferguson, New York, N. Y.
- Third Vice President—Dr. J. M. Allen, Liberty, Mo.
- Fourth Vice resident—Dr. W. E. D. Middleton, Davenport, Iowa.
- Secretary—Dr. G. H. Simmons, Chicago, Ill.
- Treasurer—Dr. H. G. Newman, Chicago, Ill.
- Assistant Secretary—Dr. J. A. Joy, Atlantic City, N. J.
- Librarian—Dr. G. W. Webster, Chicago, Ill.
- Chairman Committee of Arrangements—Dr. Philip Marvel, Atlantic City, N. J.

Trustees of Association Journal—Dr. E. E. Montgomery, Philadelphia, Pa.; Dr. H. E. L. Johnson, Washington, D. C.; Dr. C. A. L. Reed, Cincinnati, O.

Judiciary Council—Dr. J. E. D. Griffith, Kansas City, Mo.; Dr. J. E. Cook, Cleveland, Ohio; Dr. J. H. Baillaiche, Washington, D. C. Dr. J. B. Lewis, Topeka, Kansas; Dr. J. W. Irvin, Louisville, Ky.; Dr. F. H. Wiggin, New York, N. Y.; Dr. Walter Wyman, Hospital Marine Service.

Addresses at next year's convention:

General Medicine—Dr. J. A. Witherspoon, Nashville, Tenn.

Surgery—Dr. W. L. Rodman, Philadelphia, Pa.

State Medicine—Dr. Victor C. Vaughan, Ann Arbor, Mich.

Place for holding next meeting Atlantic City, N. J.

EXECUTIVE COMMITTEE'S REPORT.

The Executive Committee's report was adopted section by section, and is as follows:

We have carefully considered the topics mentioned in the president's address and would advise as follows:

1. In regard to a permanent location, as the City of Washington, for the headquarters and meetings of the Association, your committee recommends that no change be made from the present plans.

2. In regard to clinics and entertainments interfering with the work of the Association, the committee recommends that clinics be eliminated in the future.

3. Your committee recommends that the editor of the Association Journal be appointed permanent secretary.

4. In regard to the memorial to congress in connection with tuberculosis, the committee adopted resolutions recommending that to prevent the spread of consumption a committee of five be appointed to present a report to the national congress, and to state legislatures, urging upon them immediate action.

5. In regard to the recognition of delegates from other bodies than the state societies relates to the constitution and by-laws, and the committee is not prepared to advise in the matter.

6. In regard to the memorial to congress in regard to tuberculosis, your committee offer the following preamble and resolution:

WHEREAS, From carefully prepared statistics, it is found

that the deaths from all causes between the ages of 15 and 60 years, one-third result from tuberculosis, and that one in every 50 persons has this disease; and,

WHEREAS, Competent authorities claim that under proper treatment from at least one-fifth to one-quarter of those affected by tuberculosis may be cured; and

WHEREAS, The European governments are actively engaged in endeavors to stamp out this disease, while in the United States nothing has, as yet, been done by us as a nation in this important work; therefore, be it

Resolved, That the president appoint a committee of five, with power to add to their number, who shall prepare a report on the nature of tuberculosis, its communicability and prevention; the more effectual means of controlling the spread of infection and of educating the people in personal hygiene, so as to lessen the chances of their becoming tuberculous and to increase the prospects of their recovery; the advisability of establishing national and state sanatoria and such other matters as may be pertinent to the subject.

Resolved, That this committee shall present this report to the congress of the United States and to the legislatures of the various states of the union and urge upon them that appropriate measures be speedily taken.

7. In regard to the subject of compulsory vaccination your committee offer the following preamble and resolutions for the adoption:

WHEREAS, Before the discovery of vaccination smallpox was one of the most dreaded scourges of the earth, causing in epidemics as such as much as one-half of all deaths in a year, and

WHEREAS, It has been proven by years of experience that smallpox can be stamped out by the efficient use of vaccination; and

WHEREAS, When prejudice has prevented its employment in divers communities for periods of years, these communities have in many instances been almost exterminated by epidemics of smallpox; and

WHEREAS, Certain well-meaning but fanatical persons have for some time past been endeavoring to excite a prejudice against vaccination and may, if they are not checked, succeed in rendering the entire country susceptible to an epidemic of smallpox, such as have visited and laid waste to the various isolated communities

where vaccination has been abandoned or never adopted; therefore, be it

Resolved, That the American Medical Association most strongly urges the adoption by local boards of health, of a law requiring compulsory vaccination and deprecates in the strongest way the efforts of those who are endeavoring to secure the abolition of compulsory vaccination; and

Resolved, That a copy of this preamble and resolutions be sent to every health board in the country.

8. In regard to the spread of syphilis, the matter was referred to the delegates to the international congress at Brussels in September, 1899, which have been adopted by the United States government on nomination of the president of this Association, the committee to report next year as suggested in the address.

9. The resolution offered by the Ohio State Medical Association in regard to the appointment of a permanent committee on national legislation has been fully considered by your committee and they recommend the adoption of the resolution.

The oration on medicine was delivered by Dr. Jas. C. Wilson, of Philadelphia, his title being "A Century of Medicine in America." The address dealt largely with the achievements of the prominent medical men of America, and tribute was paid to the authors, teachers and organizers of the medical fraternity in an early day. The influence of the American Medical Association was mentioned and a plea made for a continuance of that unity and harmony which prevails at the present time. The work that now seems most pressing for the medical fraternity is that which concerns the securing of legislation, tending to the better care and treatment of patients suffering from tuberculosis, epilepsy, mental derangements and inebriety. The influence of the medical fraternity should also be exerted towards the securing of a national department of medicine represented in the cabinet of the president by a Secretary of Medicine, the cabinet honor to be held by a physician of attainments such as will make him invaluable as an advisor of the president in technical questions of vital importance to the welfare of the nation.

The last general session held on Friday, June 9th, was devoted largely to votes of thanks to the retiring secretary, Dr. Atkinson, for his many years of faithful service, to Dr. Loving, of Columbus, Chairman of the Committee of Arrangements, and to the local committees, citizens of Columbus, railways and the press for contrib-

uting so largely to the success of the convention. A vote of thanks was also tendered Dr. Matthews, the retiring president. The Indiana State Medical Society was given a special vote of thanks for its enterprise in presenting before the Association such a worthy exhibit of pathological and bacteriological specimens.

A resolution was adopted cutting down the number of papers to be read before the various sections, and making it compulsory upon the essayist to submit his paper for examination by a special committee before being placed upon the program. It was also voted that no one not a member of the American Medical Association should be allowed to read papers before any of the sections.

The new Executive Committee was announced as follows:

Chairman, Dr. W. J. Herdman, of Ann Arbor; vice chairman, Dr. W. J. Mayo, Rochester, Minn.; executive council, Dr. J. H. Musses, Philadelphia; Dr. H. E. Tuley, Louisville.

President Matthews announced the delegates to the British Medical Association and the International Medical Congress, after which final adjournment took place.

SECTIONS.

The work of the various sections was reported as of high order and the attendance the best in the history of the Association. Nearly all of the sections were burdened with much too long a program to complete within the allotted time, and it is, therefore, well that the Association adopted the rule limiting the number of papers to be presented.

The number of papers listed in the various sections were: Practice of Medicine 83, Surgery and Anatomy 72, Obstetrics and Diseases of Women 69, Ophthalmology 58, Laryngology and Otolology 47, Diseases of Children 37, Materia Medica, Pharmacy and Therapeutics 59, Physiology and Dietetics 32, Neurology and Medical Jurisprudence 43, Cutaneous Medicine and Surgery 21, State Medicine 26, and Stomatology 14. Some of the sections, owing to absence of many of the essayists, were able to finish their programs in the allotted time, while others were compelled through lack of time to read many of the papers by title. Limitation of the programs of the sections, together with sanction of a competent committee as to the advisability of placing a paper upon the program, will tend to the production of a higher class of scientific work and increase of interest. This plan will also be of material

benefit in giving to the members of the sections a bound volume containing the transactions of the meeting, in which much of the trash that of necessity has in previous years had to be published will be expunged.

The section dinners, given on the evening of the first day of the meeting, were largely attended and enabled the members of each section to become better acquainted with each other. After the completion of the regular menu toasts were responded to by prominent men of each section.

INDIANA STATE MEDICAL SOCIETY.

COMMITTEES FOR 1899-1900.

President Schell, of the Indiana State Medical Society announces the appointment of the following committees for the ensuing year:

Ethics—M. R. Combs, Terre Haute; Geo. F. Keiper, Lafayette; Wm. Flynn, Marion; E. D. Laughlin, Orleans; G. W. H. Kemper, Muncie.

Arrangement Committee—To be appointed after July 11th, when Madison County Society meets.

Publication—A. W. Brayton, Indianapolis; Theo. Potter, Indianapolis; Allison Maxwell, Indianapolis; F. C. Heath, Indianapolis (*ex-officio*); A. E. Bulson, Jr., Fort Wayne, (*ex-officio*).

Finance—W. R. Mattox, Terre Haute; W. H. Gillam, Rockville; Wm. R. Cravens, Bloomfield; E. Hawkins, Greencastle; N. H. Hon, Bloomington.

Credentials—W. C. Eichelberger, Terre Haute; W. E. Kesinger, Worthington; J. F. Barnhill, Indianapolis; J. A. Swartzill, Vincennes; W. H. Ristim, Crawfordsville.

Medical Legislation—W. N. Wishard, Indianapolis; C. A. Daugherty, South Bend; M. F. Porter, Fort Wayne; J. F. Freeland, Bedford; I. N. Baughman, Evansville; N. N. Shipman, Seymour; C. A. White, Danville; Bader S. Hunt, Winchester; G. W. Burke, Newcastle.

Necrology—J. F. Hibberd, Richmond.

Hygiene and State Medicine—J. N. Hurty, Indianapolis; (others to be appointed later).

Pathology—F. B. Wynn, Indianapolis; A. W. Bitting, West Lafayette; L. P. Drayer, Fort Wayne; H. G. Gaylord, Indianapo-

lis; Allen Pierson, Spencer; Edwin Walker, Evansville; Geo. H. Grant, Richmond; L. J. Willion, Terre Haute.

Collective Investigation—Theo. Potter, Indianapolis; C. S. Bond, Richmond; Chas. Wyeth, Terre Haute; (others to be appointed later).

Inebriety—H. J. Hall, Franklin; M. F. Gerrish, Seymour; J. A. Work, Elkhart; Geo. R. Green, Muncie; J. M. Moulder, Kokomo; A. E. Sterne, Indianapolis.

Rush Monument Fund—M. F. Porter, Fort Wayne; T. B. Noble, Indianapolis; R. E. Holder, Columbus; S. J. Young, Terre Haute.

HOW TO GIVE ANESTHETICS.—In an article upon this subject Dr. W. S. Deutsch, *N. Y. Med. Jour.*, among other things says:

“I have tried the open and closed methods of etherization, and I believe the open way to be the better. I think the Allis inhaler, which allows a certain amount of admixture of pure air, brings about a safer anesthesia, and certainly a pleasanter one for the patient. I have found pupillary reflexes an infallible guide to the degree of narcosis. No attention is ever paid to other reflexes. I regard touching the cornea as unscientific as it is unclean. It tells you nothing more than your patient is unable to resent the insult. A contracted immovable pupil teaches us that we have surgical narcosis; a dilated, immovable pupil predicts danger everywhere; while, again, a dilated pupil which reacts to light shows partial anesthesia. I have found that pure air often revives patients without the use of drugs.

In conclusion I wish to suggest a safe rule to guide the anesthetizer in his work—viz., do not start the administration before everything is ready for the operation. Keep your patient just under enough to allow the surgeon to do thorough work, and aim to have them return to consciousness as soon as they reach their bedrooms.”

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of June:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	2	1
Scarlet Fever ..	2	0
Measles	0	0
Typhoid Fever	1	0
Tuberculosis	not rep	7
Cerebro-Spinal Meningitis.....	not rep	2
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	not rep	0
Cholera Infantum.....	not rep	12
Total deaths from all causes.....		55

HOTEL EXTORTION AT COLUMBUS MEETING OF
AMERICAN MEDICAL ASSOCIATION.

An unpleasant feature of the Columbus meeting of the American Medical Association, and about the only one to mar the complete success of the meeting was the attitude assumed by the Columbus hotels, who sought to fatten their pocketbooks at the expense of the visiting medical men by extortionate charges. While the local committee had made every arrangement to prevent any such unpleasant complication, and were very much incensed to think that the hotel proprietors would refuse to abide by their agreement to charge regular rates, it was nevertheless a fact that many of the visitors were charged anywhere from one to four dollars a day more for their accommodations than was usually charged. The agreement had been that the rates should be from two and a half to four dollars per day, it being understood that these rates would obtain whether one or more persons occupied a room.

When confronted by the committee with a charge of extortion, the proprietors replied that their highest rate had been four dollars per day. Several members, whom we could mention, claim to have paid from six to eight dollars per day for the rooms that they had previously understood to cost but four dollars per day, and others who occupied the smallest, most poorly located rooms, and those containing the least conveniences were charged the maximum rate made by the committee, or four dollars per day. One of the clerks at the Chittenden Hotel frankly informed one of the visiting physicians who objected to the extortion, that they had gone to a great deal of trouble to entertain the visitors and they proposed to have a little "rake-off" for their trouble.

The proprietors of the hotels evidently forget that such contemptible practices will redound to their discredit and do harm to the city of Columbus. It is quite likely that other conventions will hesitate about selecting Columbus as a meeting place when they become aware that the hotels take outrageous advantage of visitors who congregate in large numbers, as was the case at the time of the meeting of the American Medical Association. At regular rates the hotels were reaping a harvest, as all were thoroughly crowded, and this should have been satisfactory to any but the most grasping and selfish landlords.

A. E. B.

SMALL-POX AND VACCINATION.

The JOURNAL-MAGAZINE has on several occasions presented extensive arguments to prove the value of vaccination as a preventive of small-pox, and repeatedly urged that vaccination be generally employed not only to check the ravages of the pest when prevailing but to render the people immune so that the disease would have no chance of gaining a foothold.

Proof of the value of vaccination is so overwhelming that it would seem that no ordinarily intelligent and rational individual would doubt its efficacy, yet there are in every community a few people who openly oppose the measure and take every means to defeat the ends of those who have nothing but the general welfare of the people at heart in advocating a means that has been indisputably proven to be the only safeguard in the prevention of small-pox. Now that small-pox exists with more or less virulence in various parts of the country and particularly in Indiana, we are pleased to note the decided stand upon the question of vaccination that has been taken by many of the prominent medical organizations of the country. The American Medical Association, in a resolution passed at the Columbus meeting, not only condemns the anti-vaccination movement as dangerous to public welfare, but approves of compulsory vaccination as the most effective means of protecting the community. The Indiana State Medical Society has also recognized the importance of taking a decided position relative to vaccination and has, therefore, issued the following statement which has been fully circulated among the people throughout the state:

1. That the ordinary sanitary measures thoroughly applied, though of the highest value and by no means to be neglected, have nevertheless not proven sufficient to control the spread of small-pox.

2. That in vaccination and revaccination accurately and thoroughly applied, there is an almost absolute preventive of small-pox.

3. That though, with the lapse of years after successful vaccination, the protective influence may decline and small-pox may be contracted, the disease is robbed of most of its dangers.

4. That, properly applied, in the hands and throughout under the direction of competent physicians, vaccination is attended with

but insignificant risks, the disease-preventing and death-preventing effects vastly outweighing such risks.

5. That, upon the basis of these convictions, the state medical society does invite and urge the public to a full confidence in the preventive value of vaccination against small-pox, and does urge the public to relax in no direction its vigilance in the carrying out of this disease-preventing and life-saving measure.

With small-pox now prevalent in many portions of Indiana and an epidemic during the coming winter not at all improbable, the importance of this subject can scarcely be under-estimated. We sincerely hope that physicians in general will use their best efforts to obtain vaccination throughout every locality of the state.

A. E. B.

POST-FEBRILE INSANITY.

In a recent article upon this subject by Dr. Allen McLane Hamilton, some very interesting questions are considered and the fact is pointed out that many such cases, especially those following typhoid fever, are due to absorption of toxins from the alimentary canal. The effect of the various toxæmic states upon the nervous system is being more fully recognized by clinicians each year as our knowledge of the intricate processes of metabolism and bacterial chemical products is made broader and clearer. Even in many types of insanity not consecutive to febrile states psychiatrists are recognizing the importance of toxins of various origins in the production or at least aggravation of the mental conditions. While it is fully understood that these toxins may have very diverse origin, some of them arising outside of the body, some having their origin in metabolic processes and still others arising in the gastro-intestinal tract, yet it is probably true that if all the toxins of gastro-intestinal origin were eliminated from the domain of pathology it would reduce the totality of toxæmic phenomena of all sorts to an enormous extent.

There are few propositions in practical medicine to-day of more importance than this, and its recognition will go a long way not only in clearing up the nature of numerous cases otherwise obscure, but will furnish the clue to their successful treatment.

In the group of post-febrile insanities, for instance, Dr. Hamilton, in the article referred to, in discussing the treatment of these

cases, mentions as the first object the efficient disinfection of the gastro-enteric tract, and the treatment of such cases would, therefore, be in accordance with the judgment of the physician as to the best methods for accomplishing this purpose. Both stomach and colon are accessible to direct methods, and where direct methods are available they are as much superior to the indirect ones as the cleansing and disinfection of an open sore to its treatment by constitutional methods alone. Unfortunately a large extent of the intestinal tract is not open to these direct methods and they must therefore be supplemented by dietic and medicinal treatment. This is so difficult that in many cases the problem of intestinal disinfection must be regarded to-day as largely an unsolved problem. In many cases where it can only be partially accomplished, however, the beneficial results far exceed those that can be procured by any or all other methods combined.

In these cases of post-febrile insanity as well as many other cases in the etiology of which toxins play an important part, hereditary and acquired neuro-pathic tendencies must be sought for and recognized and the completeness or incompleteness of the cure will often depend upon their preponderance. Aside from this, after the continuance of toxemic states for a long term of months or years, minute structural changes take place in the nervous system which may or may not be removable.

The entire subject is one of great importance and indicates what the writer believes to be the inevitable tendency of pathology and therapeutics in many cases.

G. W. M.

THE INDIANA STATE MEDICAL SOCIETY'S DEPARTMENT OF PATHOLOGY AND BACTERIOLOGY.

The members of the Indiana State Medical Society who attended the Indianapolis meeting had ample reason to be proud of the pathological and bacteriological exhibit which was given under the direction of Dr. Frank B. Wynn, of Indianapolis, chairman of the committee on pathology. Through the indefatigable efforts of the committee a most creditable exhibit of several hundred specimens was presented, which included two hundred bacteriological specimens, thirty-five specimens illustrative of comparative pathology, and the remainder exemplifying the embryology and pathology of the bones and joints, the digestive system, respiratory ap-

paratus, the circulatory system, the nervous system, the genito-urinary tract, the organs of special sense and the abnormalities of obstetrics and gynecology. Aside from the specimens presented there were over two hundred photographs illustrative of various pathological and bacteriological conditions.

So creditable was the showing made that it was thought advisable to take the exhibit to the American Medical Association for the purpose of not only stimulating work along this line, but giving the members of the Association an idea of the progressiveness and enthusiasm in scientific lines that exists among the members of the Indiana medical profession. A generous appropriation was made for the purpose, and despite the few days required for the necessary arrangement the committee was able to secure commodious and centrally located quarters immediately adjoining the opera house, where the general sessions of the American Medical Association were held, and the specimens safely transferred and satisfactorily arranged.

That the exhibit was one of the most instructive, entertaining and attractive of all that were presented at the Columbus meeting was attested by the large crowds which constantly thronged the rooms, and the generous words of praise emanating from members of the Association from every section of the country.

Considering that this exhibit was practically collected within the short space of one year, the members of the Indiana State Medical Society can well be proud of it, and of its energetic committee of which Dr. Frank B. Wynn is at the head.

The exhibit has been favorably commented upon in editorials in the *Journal of the American Medical Association*, *The New York Medical Journal*, *The New York Medical Record*, *The Philadelphia Medical Journal* and others. The appreciation of such work should be the stimulus for increased activity among the members of the Indiana State Medical Society to make the pathological exhibit a feature of the greatest importance and second to none in the country.

It has been suggested that this exhibit be used as a nucleus of a pathological and bacteriological museum which shall be founded and sustained by the members of the Indiana State Medical Society. This is a scheme which we heartily endorse, and to that end we are in favor of making liberal appropriations each year from the funds of the State Society for the purpose of paying the necessary ex-

penses of the committee in charge, and awarding the chairman, through whose efforts the society is indebted for the exhibit, a liberal honorarium. A museum of the character mentioned would stand as a monument to the progressiveness of the Indiana physicians, and serve as an incentive for societies of other states to emulate the example.

To meet the added expense required for the proper carrying out of a scheme of this character we are in favor of raising the dues one dollar per member, and this would place nearly sixteen hundred dollars more into the treasury than is at present received, a fund that will be eventually required to sustain such a museum as contemplated and one that would prove a credit to the organization.

A. E. B.

NEWS NOTES AND COMMENTS

LOSS OF THE INDEX MEDICUS.—It has been announced that with the close of the present volume the *Index Medicus* will no longer be published. It is to be regretted that such a useful publication should fail, owing to want of financial support. The loss of this index of the current medical literature of the world will be severely felt by those scientific workers who have depended largely upon it for securing references.

RESIGNATION OF HOPE HOSPITAL MATRON.—Miss N. A. Mayhew, for many years matron of Hope Hospital, Fort Wayne, has tendered her resignation to the board of trustees, to take effect at once. A committee is now making efforts to secure a thoroughly competent matron from some of the eastern hospitals to take charge of the institution.

MEDICO-LEGAL ARTICLES IN N. Y. MEDICAL JOURNAL.—The *New York Medical Journal* has for some time been printing special articles from the pen of Arthur N. Taylor, LL. D., upon medico-legal subjects. These articles are intensely practical and cover in an exhaustive manner nearly every subject which comes

under the head of medico-legal practice. We sincerely hope that these articles, of which there have now been twenty-five, will be published in book form so that the medical profession, and perhaps legal profession as well, may take advantage of the information which has been so exhaustively furnished at the expense of so much time and thought.

DEATH OF A CHRISTIAN SCIENTIST.—*The Chicago Medical Recorder* says that a Christian Scientist died a few days ago in Mount Vernon, N. Y., after a three months' illness, during which she persistently refused medical treatment. The coroner endorsed on the death certificate that she had died "of neglect, dropsy and Christian Science treatment."

DIARRHEA INCIDENT ON TEETHING.—

R.—Acidi sulphurici dilutim. viii (51 gm.)
 Tincturae opii camphorataē i (3.7 c. c.)
 Spiritus vini gallici.
 Syrupi zingiberisaa ̄ iii (11 c. c.)
 Aquae menthae piperatae q. s. ad.....̄ ii (59 c. c.)

M Sig.—Teaspoonful every three hours if necessary

—*Jour. A. M. A.*

THE INDEX FEATURE OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—*The Journal of the American Medical Association* has recently established a department of current medical literature, in which all of the medical periodicals of the United States and the more prominent foreign medical periodicals are listed, the titles of the original articles in each being duly recorded. This is an index medicus which will prove of much value to the readers, and particularly as abstracts of the more important articles appearing in current medical literature are given. The new feature has been instituted since the new editor has taken charge and is a distinct advance in the value of the periodical.

RESOLUTIONS OF STATE HEALTH BOARD.—The following resolutions were unanimously passed by the Annual Conference of State Officers held at Indianapolis June 21-22, 1899. The people

will surely have the wisdom to act in accordance with the warning and advice of their health officers:

WHEREAS, Smallpox, a destructive and loathsome disease, now prevails in twenty counties of Indiana; and

WHEREAS, This disease will very probably appear this winter in a virulent and death-dealing form, thus bringing a calamity upon the state; and

WHEREAS, Vaccination is an almost absolute preventative of smallpox; therefore,

Resolved, That the Conference of the State Health Officers urges the people not to delay, but immediately be vaccinated and re-vaccinated until the physician pronounces protection established.

TUBERCLE BACILLI IN MILK.—Hammond recommends the following as a simple and rapid method of detecting tubercle bacilli in fluids, such as milk. Add to the milk a five per cent. solution of glacial carbolic acid so as to check the growth of any organisms present. Centrifugalize 15 cc., of the milk for fifteen minutes and treat the precipitate with 3 cc. of 5 per cent. solution of caustic potash for three minutes; add distilled water to make up to 15 cc., and again centrifugalize for twenty minutes. The sediment which has by this treatment been freed from fat and proteid matter is now ready for microscopical examination. It is claimed by this method bacilli may be detected in fluids in which they are so sparsely scattered as to give negative results when inoculated into guinea pigs, —*Montreal Med. Jour.*

AIDS TO DIAGNOSIS.—The following mottoes which were hung on the walls in the room occupied by the pathological and bacteriological exhibit of the Indiana State Medical Society at the Columbus meeting of the American Medical Association, are worthy of consideration by every member of the medical profession:

“Have you ever fully realized the importance of a knowledge of gross pathology? We are unwilling to trust the surgeon who has not learned well in the dissecting room anatomical relations. And so it is by familiarity with the gross pathological changes as seen at the autopsy does the general practitioner become more expert in the reasoning and methods of diagnosis.”

Another card reads: “The universal requirement of post-

mortem examinations would yield rich harvests of knowledge to medical science and protect laymen against careless, ignorant and incompetent practitioners as well as against quacks and pretenders whose ignorance, perfidy and mistaken diagnoses would thus be made known."

JUDGMENT FOR X-RAY INJURIES.—A judgment for ten thousand dollars against O. L. Schmidt and Mr. W. C. Fuchs has recently been returned by a Chicago jury, for injuries alleged to be due to the application of the X-Ray. A severe fracture of the right ankle was the occasion for using the X-Ray apparatus and two exposures were made, the last one being the one supposed to have produced the injury which ultimately necessitated amputation of the leg.

In commenting upon this the editor of *Medicine* says, "at the time when the exposures were made it was not known to the majority of the profession that the X-Rays were accompanied by any injurious consequences. The only possible rule of law which would make the defendant liable in this case would be one in which a physician assumes all the unknown risks attendant upon an operation or procedure. To constitute negligence, it is not sufficient to show that evil consequences followed a certain procedure, but it must be shown that these evil consequences were the direct results of some action or some want of skill on the part of a surgeon in the performance of the operation. The degree of skill which he must have is such ordinary knowledge of the matter in hand as is common to the profession. Judged in the light of such a rule, the verdict in the above case should have been for the defendant. The rule of law is so clearly violated in this case that the higher courts cannot sustain the verdict of the jury."

WHEN SHALL A POST-PREGNANT WOMAN SIT UP.—The June number of *Obstetrics* discusses in an editorial the question of "When Shall a Post Pregnant Woman Sit Up," and rightly says that no other branch of medicine seems to be guided by such arbitrary rules as obstetrics, all of which is very absurd. If a doctor's judgment is so poor that he had best follow averages, he had better "brush up." Put a healthy, strong man in bed and keep him there for a month, and he will get up invalided for the time

being. It is just as bad to keep a woman fourteen to twenty-one days in bed as it is to let another one up in four to seven days. Many healthy, well exercised women do not need to remain cumbent longer than seven to nine days, while some may begin to get up on the fifth day without apparent harm. Patients whose muscles are soft and who have been accustomed to indolent, lazy living will require from twelve to twenty-one days, even though there are no lesions of the uterus or perineum. A good working rule, which always requires individual application, is that a patient should begin to sit up whenever she can do so without such posture causing gravity congestion in the genitalia. The erect posture should, of course, be assumed quite gradually, the patient sitting up only a few minutes at a time, lengthening the time according to the sense of comfort and absence of effect upon the lochial flow. Much assistance to uterine involution can be had by the use of sponge baths, ergot, strychnine and massage.

TRANSPLANTATION OF AN OVARY.—James H. Glass, in the *Medical News* of April 29, 1899, reports the interesting case of a young woman who two years before had a double ovariectomy performed. This was followed by a most distressing train of symptoms—insomnia, vertigo, pelvic pains, and other conditions which characterize the artificial menopause. All treatment proved unavailing, and as there was a marked retroflexion, it was determined to make an operation for a ventrofixation. At the same time another patient, who had marked deformity of the pelvis which had necessitated an ovariectomy, was operated upon to produce an artificial sterility. With the full consent of both patients the healthy ovary was removed from the woman with the deformed pelvis and transplanted beneath the peritoneum of the woman who had sustained the double ovariectomy. Recovery was rapid and uneventful, and was followed by a rapid disappearance of all the nervous symptoms which had attended the artificial menopause. Menstruation, which had disappeared for nearly two years, returned, and after two or three months the function was reestablished with regularity.

(The complete reestablishment of menstruation after it had ceased, due to removal of both ovaries, is a remarkable circumstance. That this was apparently due to the transplanted ovary seems quite certain, yet numerous cases have been reported in which

both ovaries had been removed, but menstruation did not cease. An improvement in the general health might account for a restoration of function, even in cases where an artificial menopause had been established. The case is of sufficient importance to lead to careful experimental study of the value of ovarian transplantation. —*Medicine.*

RED LIGHT AS A THERAPEUTIC AGENT.—The *Lancet* for June 10th says that in our conscious superiority to our forefathers we have been used to look with contempt on their practice of treating cases of small-pox by means of red light in the form of red blinds, curtains, and coverlets, but with our present knowledge of the chemical and physical action of the different rays of the spectrum and the influence of light and darkness on life in its highest and lowest manifestations we may have felt a suspicion that, whatever the theory of the mediaeval physicians, their practice may have had a scientific basis. In the last number of the *Zeitschrift für Krankenpflege* we find that it has been tried, and apparently with remarkable results, in the treatment of measles. A child, eight years of age, having sickened with an attack of measles of more than usual severity, was on the second day brought under the influence of the rays of least refrangibility, the windows being fitted with red blinds and a photographer's lamp with an orange-yellow globe being for artificial light. In three hours the rash had disappeared, the fever had subsided, and the child was playing cheerfully, complaining only of want of light. The blinds were consequently removed, when three hours later the medical man was summoned to find that the eruption and fever had returned and the child was weak and prostrate. The red light having been resumed, the rash disappeared in a little over two hours, as did the fever, this time permanently. In two more days the cough had ceased and the child was well in every respect. The brother and sister and a fourth patient infected from the first case were treated in the same way and with like success. In the great epidemic of small-pox in 1871-72 some cases were reported as having been kept in dark rooms with great benefit, especially as regards the pustulation and pitting. Clearly, what virtue there may be in this method lies in the exclusion of actinic rays, and the substitution of red or orange light for total darkness has obvious advantages, as in the case of photographic manipulations. —*N. Y. Med. Jour.*

PROTARGOL IN GONORRHOEA.—In an article upon this subject in the July number of *Medicine*, Dr. W. L. Baum says that his experience with protargol solution warrants him in saying that when used in the manner suggested by Neizzer it is a distinct advance in the treatment of gonorrhoea. Neizzer uses protargol according to the following methods:

1. The existence of gonococci should first be determined. These are found in the anterior urethra only in acute cases, but in the more chronic they occur in the posterior urethra.

2. In all cases great care is exercised in the recent infections. Instruments are only passed to the posterior urethra, when after repeated microscopic examination gonococci are found in the flajes from the posterior urethra. In many cases where prolonged injections are used, this posterior treatment is unnecessary.

3. The injections should be made thrice daily, always after urination. In two of these injections the fluid is to be retained but five minutes in the urethra, the third for thirty minutes. If there be much secretion, the latter may be replaced by six injections of five minutes each.

4. At the end of a few days, in most cases, the last or prolonged injection alone is used. The other two injections are replaced by a two and one-half per cent. suspension of bismuth, a two and one-half per cent. suspension of iodoform, a three per cent. solution of boric acid, or a one-fourth per cent. solution of sulphate of zinc.

5. The comfort of this treatment tends to overcome the patient's objections to its continuance for three or four weeks. In this is found its chief advantage, the aim not being so much rapidity as certainty of cure.

6. During the treatment constant microscopic examinations of the discharge should be made. The injections should be suspended only after numerous microscopic examinations fail to reveal the presence of the germ.

7. Begin with one-fourth per cent. solution of protargol, which is gradually increased to one-half and one per cent.

8. In chronic cases these mild solutions often give good results owing to their penetrative powers.

THE DOCTOR.—During the recent meeting of the American Medical Association the Columbus *Dispatch* printed the following:

The doctor is a useful man,
Constructed on a noble plan;
He's sometimes fat and sometimes lean
And sometimes just half way between,
But none confers more blessings than
The doctor.

The doctor goes and lingers where
Men's moanings fright the fetid air;
Where'er he can, he gives relief
In sickness and as well in grief;
Ah, ill could we poor mortals spare
The doctor!

He may some stately palace own,
All silk inside and outside stone;
But still, in healing human woes,
Like some baseburner stove he goes,
And never sleeps—as far as known—
The doctor.

We may not know him when this shell
Of clay befits the spirit well,
But when the spirit doth protest
Against the flesh that doth invest,
Our grief in confidence we tell
The doctor.

The doctor is a generous man,
But people cheat him, when they can;
They have their health restored "on trust,"
And pay him sometimes when they must,
And swear no bill is bigger than
The doctor's.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

ENDOCARDITIS OF TONSILLAR ORIGIN.—At a recent meeting of the Association of American Physicians, Dr. F. A. Packard (*Boston Medical and Surgical Journal*, May 25th) reported five cases of endocarditis, all of which had been preceded by an attack of amygdalitis. The minutiae of the physical signs were detailed to insure the correctness of the diagnosis of endocarditis. In two of the cases it was certain that prior to the attack of amygdalitis the hearts had been sound, and it was presumable that such was also the case in the other instances. Mention was made of the frequency of such cases, and also of the occurrence of other members of the so-called "rheumatic series" after amygdalitis. It was stated that such amygdalitis and endocarditis are not rheumatic, but that the endocarditis is rather due to an infection by bacteria gaining access to the body through the tonsils, or to the toxines of such bacteria. Dr. James Tyson spoke of the frequency of nephritis originating in an attack of amygdalitis. Dr. W. S. Thayer, of Baltimore, stated that the fact that the tonsils may serve as the portal of entry for severe general infections is well illustrated by a case of acute fatal streptococcus infection that he had observed. Dr. W. S. Thomson cited a case of suppurative amygdalitis followed the day after rupture of the abscess by pluriities, pericarditis, ulcerative endocarditis, ecchymotic spots, and death on the seventh day.

SPINAL CORD DISEASE OF TOXAEMIC ORIGIN.—In a recent article in the *New York Medical Record*, Dr. Charles L. Dana closed a very valuable and instructive article with the following sum-

mary: There is a class of cases of spinal cord disease, characterized by symptoms of numbness, ataxia and paralysis, involving the legs and then the arms, progressing at first slowly and then rapidly, and ending in one or two years, to which the name of "subacute spinal paralysis" may be given. The cause is not known, but the trouble is due, beyond much question, to some form of toxæmia. It is more often associated with pernicious anaemia or profound secondary anaemia than with any other single condition. It is seen after profound malarial and lead intoxication. It occurs usually in middle life or later, and oftener in women than in men. It resembles light grades of multiple neuritis, such as are due to arsenic or diabetes; on the other hand, it resembles somewhat locomotor ataxia in its earlier stages. It is to be recognized mainly by the presence of anaemia or cachexia, the age of the patient, the progressive and rather rapid character of the symptoms, absence of much pain or tenderness over the nerves, and the absence of eye symptoms and of the visceral symptoms of locomotor ataxia. The pathological anatomy consists in a progressive degeneration, involving mostly the posterior columns, and to less extent the lateral columns of the spinal cord, and later the grey matter and other parts of the white matter. At the beginning the disease is systemic, affecting, however, the cervico-dorsal part of the cord more severely as a rule but usually developing two or three specially marked foci of degeneration lower down in the cord.

HYDRO-THERAPEUTICS.—The importance of hydro-therapeutic measures in treatment of chronic diseases can hardly be overestimated, and it is high time that the method was completely rescued from the hands of Charlottany. There are plenty of accurately recorded observations, but the technical difficulty as well as practical knowledge required interferes with the extended application of these measures in the treatment of disease. The excellent summary of investigations made by Wilfrid Edgecombe and William Bain is of special interest.

1. Cold baths raise the arterial pressure, maximum and mean, and lower the venous pressure; after reaction the arterial pressure falls and the venous pressure rises. 2. Percussion added to cold increases the rise in arterial pressure. 3. Warm baths of plain water lower the arterial pressures and both absolutely and relatively

lower the venous pressures to a greater extent, though the fall in venous pressure is proportionately not so great as that in arterial pressure. 5. Saline baths at warm temperatures lower the arterial pressure to a greater extent than plain water baths at the same temperature; the venous pressure, though absolutely lowered, is relatively raised; where the amount of saline material in solution is considerable, a further lowering of arterial pressure takes place, while the venous pressure becomes absolutely raised. 6. Dry massage lowers the arterial pressure and relatively or absolutely raises the venous pressure, provided the abdomen be not massaged too vigorously; when this is done a rise in all pressures occurs. 7. Warm temperature plus massage, as in the Aix douche, has a more powerful effect in the same direction than dry massage alone. The effect of a series of Aix douches is cumulative. 8. The effect of exercise on the blood pressure depends on the severity of the exertion. In all forms an initial rise in arterial pressure occurs; if the exercise be mild, a fall occurs during its continuance; if severe, the rise is maintained; after exercise, moderate or severe, a fall takes place. The venous pressure is raised during all forms of exercise and remains raised during the subsequent arterial fall. The return to normal after takes place more or less rapidly, according to the gentleness or severity of the exercise and the temperature of the atmosphere.

A HEMORRHAGIC MICRO-ORGANISM.—C. Klein (*Centralblatt für Bakteriologie und Parasitenkunde*, xxii, 4; *Centralblatt für innere Medizin*, November 5, 1898), after alluding to the bestowal by the laity of a common name on various diseases of sheep, speaks of one of those diseases as being manifested by hemorrhagic edematous swelling of the groins and of the abdominal wall, proceeding from the vulva, in sheep that have recently dropped lambs, proving fatal in from twenty-four to ninety-eight hours. In the skinning of these animals three persons acquired a vesicular affection of the skin which seemed to have many points of similarity to the carbuncular manifestations of anthrax. The fluid contained in the vesicles had a bloody color. Besides the vesicles there were observed in the human subject only erythema, swelling of the axillary glands, and local itching and irritation, but without any elevation of temperature. From the contents of the vesicles the author obtained by cultivation a staphylococcus-like micro-organism into the behavior of

which on various media, together with its staining reactions, he goes largely, particularly as to the points that distinguish it from the micrococcus found by Nocard in cases of the gangrenous mastitis of sheep.

Clinically the two organisms are chiefly distinguished from each other in their effects by the fact that Nocard's micrococcus gives rise only to transitory boils, while the micro-organism found by the author always occasions extensive hemorrhagic edema of the subcutaneous tissue and of the muscles. In several instances, also, hemorrhagic enteritis and, especially after intra-peritoneal injection, hemorrhagic peritonitis have been observed. The small size of the liver is striking. The infection is almost always fatal. Immunization is not perfect, for the subsequent inoculation of large quantities of the unattenuated product still gives rise to the disease, although its development is postponed.

In two instances Klein has inoculated sheep with this micro-organism. One of the animals died, and the other recovered after having for a long time shown severe illness with a temperature of 106 F. From the sheep that died there was obtained a micro-organism that displayed the greatest virulence when inoculated into guinea pigs. —*New York Medical Journal*.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

PERSISTENT VOMITING.—Dr. William F. Mitchell (*Virg. Med. Semi-Monthly*), says that applications of towels wrung out of ice-cold water to the epigastrium is a safe, prompt, and efficient remedy in vomiting, controlling the symptom when all other therapeutic remedies fail.

TETANUS CURED BY ANTITETANUS SERUM.—Dr. T. E. Taylor, of Denver, reports a case of tetanus following abortion cured by injection of antitetanus serum. An injection of 4 c. c. was given on the first day of the disease, and another of 6 c. c. on the second day. On the day following the second injection the symptoms had dis-

appeared. Currettage, intra-uterine irrigation, and packing of the uterus and vagina with gauze, was also resorted to.

A COMMON CAUSE OF CRYING IN THE NEW-BORN AND ITS RELIEF.—Southworth (*Canada Lancet*, May, 1899) suggests that uric acid infarctions may be a source of irritation and a cause for crying in the new-born, and says that boiled water should be given regularly to the infant pending the establishment of lactation.

URTICARIA.—B. Wolff (*Sem. Med.*, vol. xvii, p. 6, *Monthly Cyclopedia*) relieves the most acute symptoms of urticaria within a few hours, and effects a cure within twenty-four hours by giving sodium phosphate in doses of 4 or 5 grains every three hours, in concentrated solution. (It might be worth while to try the same remedy in pruritis ani and vulvae.—ED.)

LINIMENT FOR HAEMORRHOIDS.—

R.—Ext. hamamelidis fl.)
 Ext. hydrastis fl.) aa ̄ iv
 Tinct. benzoini comp)
 Tinct. belladonnae ̄ i
 Ol. olivae carbolisat (5 per cent.) ̄ i

M. Sig.—For inunction two or three times a day.—Adler (*Med. News*).

TREATMENT OF THE CORD.—Dr. Robert L. Dickinson, of Brooklyn, read a paper before the American Gynecological Society (*Med. News*, June 3, 1899) in which he advocated the severance of the umbilical cord at the skin margin, with ligation of the vessels or suture, one or both. When this is done he says the navel of the second day looks like the navel of the fifteenth or twentieth day of the old method.

APPENDICITIS.—Dr. B. Merrill Rickets concludes a paper on Surgical Appendicitis as follows:

I. Recovery is more certain when operation is made early in the first attack.

2. Diagnosis is more difficult in the female, especially when pregnant.

3. It is often impossible to determine character of trouble without exploration.

4. Medicaments are without avail.

5. Incision through the belly wall should not be closed in cases where pus is present, or where there is doubt as to continued slight bleeding.

6. Removal of the appendix is not necessary or advisable in all cases, especially when not easily discovered upon opening a pus cavity.

7. It is safer to allow a perforated appendix to remain than to lacerate a pyogenic wall in searching for it.

8. The ability of a remaining perforated appendix to cause subsequent trouble is in doubt, as the process which is active enough to perforate the muscular walls of an appendix would seem active enough to destroy its mucous membrane.

9. There is but a very small per cent. of gut perforations under these circumstances which should be closed by suture, or otherwise, at time of primary operation, and still fewer which will require such thereafter.

10. All abscess cavities should be packed from the bottom with gauze, which will absorb serum, blood and pus.

11. Appendicular pain may be inflammatory or mechanical, either one being acute or chronic.

12. The presence or absence of abnormal temperature should not be considered if severe pain or tenderness are present.

13. Foreign bodies may be evacuated from the appendix into the gut without having caused any trouble, leaving the appendix undisturbed.

14. It is safer to operate upon acute cases of appendicitis in their homes than to do so in the finest operating room if ambulances or trains must be brought into requisition to take them to that room.

15. A secondary operation for the removal of an appendix which has been left undisturbed at time of opening the abscess is one of the most difficult in abdominal surgery.

16. Diseased ovary or tube may produce a pathologic appendix, and vice versa.

17. Appendicitis may terminate in spontaneous recovery; which is, however, rare.

18. The appendix is subject to the diseases of other parts of the alimentary tract.

Am. Jour. of Surg. and Gynecol., May, 1899.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

QUININE BLINDNESS IN A YOUNG CHILD.—Dr. H. Moulton, at the Columbus meeting of the American Medical Association (*Abst. Ophthal. Record*), reports the following case:

F. V., aged three years, was first seen on August 24th, 1898, totally blind. On August 4th and 5th he had been given each day twenty grains of bisulphate of quinine in divided doses, for malaria. On the 6th, 7th and 8th the same quantity of quinine was given, but in single doses. On the 9th ten grains were given again, and on the 10th it was discovered that the boy was blind. Ninety grains in all had been given during the five days previous to the discovery of blindness, which was absolute. The pupils were dilated, the optic discs perfectly white, and the blood vessels almost obliterated, appearing as mere threads.

Treatment was promptly instituted, and when last heard from, on December 12th, the vision had been to some extent recovered so that the child could find pencils, etc., dropped on the floor.

In discussing the case Dr. DeSchweinitz, of Philadelphia, said that he had analyzed more than one hundred cases of quinine blindness, and this was with one exception the youngest on record. He stated that usually blindness from quinine is primarily complete, but that recovery takes place although contraction of the field and deficiency of the color sense generally remain. In regard to therapeutics he considered time the best agent.

LOSS OF BOTH EYES FROM INTRAOCULAR HEMORRHAGE AFTER CATARACT EXTRACTION—Dr. A. R. Baker, at the Columbus meeting of the American Medical Association (*Abst. Ophthal. Record*, July), reports the following interesting, though unfortunate, case:

Mrs. Y., aged 63 years, general health good, mature senile cataract in both eyes, and in every way an apparently favorable case for extraction. The first operation was a simple extraction, and everything went well until the sixth day, when she complained of pain, and inspection showed that intra-ocular hemorrhage had occurred. Irido-cyclitis followed and it became necessary to enucleate in order to relieve the pain. One year later the second eye was operated upon, a preliminary iridectomy being performed five weeks before the extraction. Every conceivable precaution was taken to avoid any risk of hemorrhage, and the operation seemed to be perfect. Within an hour, however, the patient screamed with pain, and on removing the bandage it was found that the entire contents of the globe had been thrown out, and the globe looked as if it had been grasped tightly in the hand and squeezed; even the retina was extruded. There was no appearance of blood.

Dr. Baker suggests that in cases where one eye has been lost by intraocular hemorrhage, the other be operated upon after the old method of reclination.

BOOK REVIEWS.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE FOR USE IN TRAINING-SCHOOLS FOR ATTENDANTS AND NURSES AND IN MEDICAL CLASSES.—By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; formerly Medical Superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association, etc. Second Edition, thoroughly revised; 5½x7¾ inches. Pages ix-116. Extra Cloth, \$1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadel-

phia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ills.

This little volume, the author informs us, has been written for the purpose of supplying the nurses attending training schools and also medical classes, a brief summary of the subject treated. It is admirably adapted to the first purpose and could be read with interest and profit by the medical student as well, although it is not sufficiently comprehensive to meet all his requirements. It is all that it pretends to be, is well and clearly written and deserves a prominent place in the curriculum of training schools.

G. W. M.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobert Armory Hare, M. D.; Volume II, June, 1899. Lea Brothers & Co., Philadelphia and New York. 1899.

The second volume of this important publication, the first having been reviewed in these pages a few months since, has just been received. The high standard set in the first volume, and the excellent work done, has been fully sustained in the second, which treats of the surgery of the abdomen, including hernia, gynecology, diseases of the blood, diathetic and metabolic disorders, diseases of the spleen, thyroid gland, and lymphatic system and ophthalmology.

The first section by William B. Coley, discusses the various advances made during the last year in the department of abdominal surgery including hernia and is of exceptional interest. It would be impossible within the limits of this review to enter into details, but everything of value that has been added in this domain of medical science has been carefully digested and summarized. A most important proof of the increasing success of modern surgery is contained in some statistics given of gastro-enterostomy, the mortality of which has fallen from 65 per cent. in the half decade, '81 to '85, to 33 per cent., in corresponding period '91 to '96. The surgeon will find in this chapter clearly presented the best results and most successful work in the various branches of his department.

The section on gynecology, by Dr. John G. Clark, begins with an extended review of the effect of castration upon the female constitution. This is a most interesting question to the profession owing to the strong tendency of late years to invade and remove

the ovaries upon the most varied pretexts, many of which are valid, but some of which, it must be strongly suspected, do not justify the procedure. The effect of castration upon menstruation is, as a rule, to induce "absolute and permanent cessation of the catamenial flow." The effect upon the sexual function is both interesting and important, and it is worth noting that out of 99 cases, sexual desire remained the same as before in 19; was somewhat diminished in 24; extinguished in 35, and had never been present in 21.

The section of the book which will be of the greatest interest to the general practitioner is that dealing with diseases of the blood, diathetic and metabolic diseases, diseases of the spleen, thyroid gland, and lymphatic system, by Dr. Alfred Stengel. As Dr. Stengel justly remarks, there are no departments of medicine in which so great advances have been made in recent years as in those treated of in this section. More than this, these subjects still afford constantly widening fields for exploration, and in them a large number of physiologists, pathologists and clinicians are constantly at work. The alterations in the blood in a large variety of diseases have been occupying more and more attention of late years, and a wide field for the advanced clinician offers itself here, in a most inviting manner. Our knowledge of the histology of the blood cells has made remarkable strides owing to the staining methods devised, which have been so satisfactory that but little of value has been added during the last year. The chemistry of the blood and especially the degree of its alkalinity is a subject of great importance and about which we, as yet know but little in a clinical way. A new method by Salkowski is described, although quite complicated. The origin of leucocytes still appears to be a debatable question. Ehrlich's classification is regarded as the most satisfactory, although it appears quite certain that his views require considerable modification.

The author says there is cause for doubting the accuracy of our present classifications of anaemia, and says that some authors still describe a form of simple primary anaemia, the inference being that the author, along with many others, has reason to doubt the existence of such primary condition. In regard to pernicious anaemia he refers to the conflicting views held concerning this disease and quotes Gawitz in regard to its etiology, who places gastro-in-

testinal disease first and includes parasitism, chronic hemorrhages, etc., among the causal factors.

With reference to myxedema, the author says that the pathological and clinical evidence in favor of its origin in the thyroid gland is overwhelming, although the causal relation of the latter is denied by many. With regard to exophthalmic goitre, authorities are quite generally inclined to connect it with the thyroid gland. The muscles have been studied in this disease by Askanazy, who found important changes. These he considered to be due to a toxæmia, which explains the muscular weakness of the patient and possibly also the protrusion of the eye-ball which would be explained by weakness of the ocular muscles. In many cases he says the chronic cause suggests a toxic character of the disease.

The final section upon ophthalmology, by Dr. Edward Jackson, gives an excellent summary of the advancement in this department during the last year.

Space will not permit of further detailed analysis, but the volume, and the series of which it forms a part, can be most highly commended as deserving a conspicuous place in the working library of every progressive physician. G. W. M.

A CONSERVATIVE MEDICAL ESTIMATE OF "BOVININE."

From an article in the New England Medical Monthly, by W. E. Anthony, M. D., Providence, R. I.

A comparatively impoverished condition of the blood may exist, even though the patient be taking a considerable quantity of nutriment, when an over-plus of non-assimilable food will only load the blood with the debris of retrograde metamorphosis. For a number of years I have been in the habit of prescribing bovine, (which) simplifies in many respects the question of diet. Both in acute and chronic cases results are obtained which could not be by taxing the weakened powers of digestion. Besides, the most ignorant of attendants can be instructed to give a teaspoonful or a tablespoonful of bovine as directed at certain hours, when the preparation of food would not be readily or intelligently accomplished.

In very young children who are suffering from a catarrhal condition of the intestinal mucous membrane, when food is not available from the irritation produced in the disordered process of di-

gestion, a few drops of bovine will be retained and furnish the needed nutrition.

In typhoid fever, a disease which requires sustaining treatment from the beginning, bovine, either alone or with milk, will be found to give good results; absorption taking place through the veins of the alimentary canal, thus avoiding the intestinal irritation of food. Owing to its nutritive and stimulating properties and the directness with which it is absorbed, frequent feeding will not disturb the digestive organs, and the extreme emaciation, so often an accompaniment of the disease, may be prevented and the convalescence hastened.

Its value in cancer was demonstrated in the case of General Grant, who, during the latter weeks of his life, was unable to take any solid food and depended upon bovine almost exclusively for nourishment.

A patient of mine, a lady aged 65, consulted me for what she called an aggravated case of dyspepsia. Foods of all kinds caused great distress and were often ejected within a few minutes after ingestion. I diagnosed it as a case of cancer of the stomach in an advanced stage. An autopsy, a month later, showed cancer of the pylorus. Her only nourishment during the four weeks previous to her death was bovine. Given in teaspoonful doses it caused comparatively little distress and frequently none at all. In this case it was given clear, it having been demonstrated that the addition even of milk or water always caused pain.

An aged member of my family was sustained during the last year of her life by bovine. Enfeebled digestion incident to old age precluded the use of any solid food. A cup of milk with a tablespoonful of bovine several times a day was her principal nourishment, and one of which she never tired. Sometimes to allay thirst the bovine was given in carbonated lithia water.

I often have given bovine in vichy, apollinaris, sparkling arethusa, or lithia water. It forms a very agreeable drink, which will be found useful not only in cases of sickness, but at any time when one is physically or mentally tired from over-exertion, and when a meal might not be advisable.

Phthisis is another disease in which the use of bovine is especially indicated. The craving for food is better satisfied by bovine than by any food I have used. A great advantage is that

patients do not readily tire of it, and it does not excite the repugnance that is often experienced in the use of the ordinary dietary.

It has been used with good effect in cases of collapse and shock resulting from hemorrhage, by subcutaneous injection, with a mixture of one-third salt water. Although I have never had occasion to, I should not hesitate to use it also in a like manner in cases of collapse from cholera or yellow fever.

For rectal alimentation it meets every indication—one or two ounces either alone or with equal parts of peptonized milk may be administered every three or four hours. This should be introduced by means of a rectal tube or soft catheter, at least eight inches in length, so as to reach the sigmoid flexure.

One of the most valuable properties of bovine is its curative effects as a topical application in ulcerated surfaces.

Dr. T. J. Biggs, a surgeon of the New York Polyclinic, has published the results of a number of cases treated at that institution, which have established the reputation of bovine as a surgical dressing in such cases, beyond a doubt. These include cases of chronic, indolent, syphilitic, varicose and tubercular ulcerations. Also skin grafting, rectal fissures, osteo-necrosis and deep-seated abscesses; 95 per cent. of 500 cases having been cured.—*Western Medical Review*, May 15, 1899.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

SOME TENDENCIES IN ABDOMINAL AND PELVIC SURGERY.*

By DR. CHAS. A. L. REED,
Cincinnati, Ohio.

Mr. President and Gentlemen:

It is with sincere pleasure that I thank you for the honor of an invitation to address you upon this important occasion, and I experience that pleasure not only because of the personal compliment implied by your invitation, but because it affords me a coveted opportunity to say some things that I want to say about the present tendency, or rather tendencies, in abdominal and pelvic surgery.

As the mariner often avails himself of the polar star or other fixed planets to assure himself of his reckoning, so may we avail ourselves of the effulgent sun of intelligence now mounting the cloudless skies of our scientific heavens to determine whether or not we are steering to the haven of truth. It were well for us to be assured of our course for we are freighted with responsibilities as great, as serious, as tender as were ever carried by sail or steam.

* Read before the Allen County Medical Society, at Robison Park, Fort Wayne, Indiana, June 27, 1899.

For a more or less philosophical consideration of existing influences and tendencies it is convenient to give specific recognition to a few of the starting points of abdominal and pelvic surgery. For this purpose we may take the state of the art as it was found or revealed during the momentous period covered by the eighth decade of the century now closing. It is true that McDowell had long since immortalized his own name and that of his country by his matchless operation of ovariectomy. It is true that the genius of Senn had laid the foundation of minor gynecology during the decade. But Battey demonstrated the safe removal of the ovaries for the relief of conditions dependent upon the exercise of the menstrual function; Hegar made clear the advisability of the abdominal route for the same purpose; while Tait, the master genius of modern surgery, so recently stricken in the effulgence of his powers, demonstrated the existence of destructive tubo-ovarian disease and its removability by surgical interference. These were essentially the beginnings of what has since grown to be abdominal and pelvic surgery.

It is true Berwitz and Goupiel had already established with remarkable accuracy the pathology of misplaced pregnancy, to which Robert Barres, with great appropriateness, later applied the name "ectopic," but it was during this period that Tait established the diagnosis and surgical treatment of early rupture in these cases. To this same intrepid surgeon we owe our mastery of cholelithiasis. It was about this same period that Reginald and Fitz dissipated the existing crude conceptions of the pathology of the ileo-cecal region and gave us our first clear conceptions of appendicitis, the successful surgical treatment of which was presently to be exemplified by McBurney and a host of other American surgeons.

Czerney and Lembert did much in the matter of intestinal anastomosis which has been so largely perfected by the genius of American surgeons.

It were useless for me, in the brief time allotted to an address such as this, even to attempt further historical references aside from the fact over all these progressive efforts shine the new gospel of cleanliness, early exemplified by Syme, reduced to a formula by Lister and subsequently modified by the profession at large to meet the practical requirements of every-day surgery.

It was but natural that in the evolution of so much truth there

should have been promulgated much error. It was also to have been expected, as was realized, that many who were the exemplars of concrete facts immediately transformed them into final conclusions and promulgated them in dogmatic terms as primary postulates in an exact science. When an original investigator failed to go to such length he immediately found himself surrounded by imitators who, to establish their own importance found it necessary to go one step further than their master, and so the most conclusive pronunciamientos were fulminated by the zeal of the always zealous convert. But all this enthusiasm, all this radicalism, all this dogmatism, found its correction in the patient, industrious, conscientious and judicious labors of that great body of the profession whose chief end was and is to cure disease and to save life.

The conceptions that at that time confronted the profession and that were being subjected to the critical test of experience all over the world can be expressed in terms only with difficulty. It is not possible to define the average principles of practice of those days without having some one, a participant like myself in the surgery of a decade or so ago, to arise and enter a protest against such misrepresentation of his views and of his practice. And yet I believe that the concensus of the profession will sustain me when I present the following summarization of views but recently held as governing the practice of gynecology and obstetrics.

PESSARIES.

I know no better point to begin this review than at the point where I began my gynecological practice a quarter of a century ago. At that time the graduating exercises consisted almost literally in giving a young man a diploma and a pessary and bidding him Godspeed in conquering the ills to which degenerate flesh and misplaced wombs alike were heir. The profession was under the aegis of Graily Heurit's influence and his philosophy of mechanical pathology and still more mechanical therapeutics had more power in controlling the conduct of American physicians than had the constitution of the United States. The whole question was assumed to have been settled and the little rubber affairs of cunning device, each intended to adapt itself to a special curve or sinuosity constituted a sufficient armamentarium.

I shall not soon forget my *point de depart* from this practice. Grown desperate from years of failure to relieve my patients, exas-

perated because the cunning curves did not adapt themselves to the various sinuosities, I resolved to make a pessary that would fit—and I did. I adopted the practice of the dentist who fits a plate to the jaw. The vagina and cervix were exposed by a Sims' speculum and thoroughly annointed with vaseline. The upper part of the vagina was now filled with plaster of paris, freshly mixed and of proper consistency, which was permitted to harden *in situ*. When I endeavored to remove it the next day I concluded to leave it just where it was for a few days until the normal secretions would have a tendency to loosen it from its anchorage. The fit was perfect. But I did get it out finally, and took it to a dentist, had it reproduced in vulcanized rubber, readjusted it and, unhappily, it worked like a charm in relieving a moderate decensus uteri. I say unhappily because the success of my first experiment tempted me to several repetitions of it. My first case had a capacious and dilatable vagina, but when I tried it on a patient who was not so constructed I experienced so much difficulty in removing the "mould" or "cast" that I was forced finally to accomplish it piece meal, under anesthesia—full of regret at the moment that it was not I instead of the patient whom the chloroform had beguiled into oblivion.

Between my first and final cases treated in this entirely new way, however, I had written a sophmoric article describing my "practice" and I only mention it now to say that if any person ever unearths it from the debris of an overburdened literature I promise that person that he shall find himself confronted at the judgment seat with an indictment of malevolence.

The experience, absurd as it now seems, was of extreme value to me, if not to say my patients—and it did them more good than any pessary that I had previously tried. Its value to me consisted in forcing me to disregard the mandate of an established "authority" in the profession and to accept the new evidence of the question of uterine displacements that was being brought to the light by the then comparatively few operators in abdominal and pelvic surgery. And here I might close what I have to say under this head by a brief summarization: The practice was to treat these cases by pessaries. This practice is now recognized as dangerous, at best only tentative and never curative. The present rational interpretation of the pathology of uterine displacements leads to their cure by appropriate and safe surgical interference. And yet

I can speak of this new, this rational, this entirely successful treatment as a tendency and not as a fact universally accepted and acted upon by the profession. A vendor of instruments recently told me that the sale of pessaries of all varieties was nearly as large as formerly. Where they go, or by what benighted people they are employed I am sure I do not know. I do know, however, that the patients who come to me while speaking often of former experiences with these devices do not reveal recent subjugation to their tortures. As a final word let me say that in the light of latter day pathology and of modern surgery the use of pessaries of whatever sort is pernicious in ninety-nine cases out of a hundred, and should be occasion for prayerful consultation in the remaining case.

INCISION OF THE CERVIX.

I know of no more striking evidence of modified views relative to practice than that relating to certain surgical conditions of the cervix uteri. It is within my personal recollection to have seen Sims' operation of incision of the cervix for the cure of dysmenorrhoea, and a hysterotome was among my earliest equipments for practice, although I never used it. The apparent plausibility of the practice, however, was soon dissipated by failure to secure other results than that of a temporary improvement due to the copious local depletion, and indeed often alarming hemorrhage.

An enlightened pathology, however, soon brought another explanation of these cases and with it the *raison d'être* of another practice. It was soon discovered that in changes in the endometrium in hyperplastic modifications of the parenchyma, in infections of the Fallopian tubes and inflammatory and other degenerations of the ovaries rather than in mechanical obstructions due to deviations of the uterus itself were to be found the causes of painful menstruation. A more refined diagnosis and a better understood etiology now enables the sagacious operator to proceed with intelligence in applying the curative expedient, and these cases that in times past were the opprobria of our art now yield our most satisfactory results.

LACERATION OF THE CERVIX.

There are those within the range of my voice who will remember with me when operative gynecology was practically confined to that zone of the generative organs below the pelvic diaphragm, and they will remember also that aside from vesico-fistulae, which

have latterly so nearly disappeared under the beneficence of refined obstetric practice, the chief occasion for operative interference was laceration of the perineum. There was hardly a fissure of the cervix but that was deemed an occasion for repair. Emmet did a great work for humanity when he detected this condition and devised the technique for its cure, but in his practice we had an illustration of what I have already said about the tendency to give universal application to a new operation.

To-day we find and then disregard many symptomless and essentially non-pathologic tears and fissures of the cervix. Even the theory of the malignant degeneration of these cicatricial deposits no longer has the convincing force with which it was accepted a few years ago. I may say, therefore, that the tendency is to operate in fewer of these cases, or rather in practically none of them except when the lesion is so pronounced as to be the demonstrable cause of secondary conditions.

CANCER OF THE UTERUS.

I shall not soon forget my experience when reporting some of my earlier cases of hysterectomy for malignant disease of the uterus. My practice in such cases has been from the start and is now to practice extirpation of the organ only in those cases in which the disease is in its incipency or in which the apparent invasion of tissue is sufficiently limited to justify the probability that it has not extended beyond the uterus. Those cases in which my practice was an apparent violation of this rule were those in which the extension of the disease was indeterminable by preliminary examination and was revealed only by the operation itself. But the point to which I wish to call attention as revealing the sentiment and the practice of that time was the antagonism offered to what was designated as my unwarranted radicalism. The view was then urged that when only a little of the womb was diseased only a little of it was to be cut away, and there was an array of statistics furnished by the practice of somebody in the east, in Brooklyn I believe, who was in the habit of burning off the lower segment leaving the body and fundus—for what? That was just exactly the point, and the point, too, that was just then opportunely, although tragically, illustrated in the neighborhood of my city.

The patient had submitted to high amputation of the cervix for carcinoma with the result that she conceived, and she not only conceived but in the midst of her pregnancy she experienced a re-

turn of the disease, just as might have been expected. Attempted delivery at term resulted in death of both mother and child. The case was happily given that publicity that its importance demanded, with the result that the lesson went home to the profession of my city and vicinity and we have since heard nothing of high amputation of the cervix for malignant disease.

I mention this case, not to indulge in an unpleasant reminiscence, nor yet to harshly criticise a practice that was conceived and adopted in the light of the times, but to furnish a point of comparison by which may be discerned an existing and most important tendency in practice in these cases. I mention this, too, as a tendency rather than as an accomplished fact of universal practice, for I yet encounter in the medical prints an occasional report of a case of high amputation, or an approving reference to the practice. You will be astonished when I tell you that I have but recently seen a report of a case of cancer of the uterus treated by Vienna paste!

It should be accepted as a truth that the only way to treat malignant disease of the uterus is to treat it by giving the patient the benefit of all doubts. This can only be done by early diagnosis of the disease and complete removal of the organ. And just here occurs a thought that should be emphasized before an audience such as this, and that is that so much of success in these cases depends upon timely interference that in practically every instance the onus of responsibility lies upon the general practitioner who first sees them. In practically all instances, except in those in which the disease is already so far advanced as to be unmistakable, a localized induration or nodulation of the cervix, particularly if associated with erosion and not dependent upon retention cysts for its appearance, should be looked upon with suspicion. Such a case carries with it so much of responsibility that no attending physician can afford to assume its responsibility without consultation.

THE REMOVAL OF NORMAL OVARIES.

If we go back again into the seventies—that momentous decade of our century—we shall discern the beginning of another practice which ran the usual course of discovery, exploration, indiscriminate abuse and final rational adoption. The intrepid genius of Battey demonstrated the possibility of removing the ovaries and thus relieving diseased states that depended for their continuance upon the exercise of the menstrual function. The

limitations which Battey himself placed around this practice were such that, had they been observed, the operation with which his name was and is associated would never have gone through an epoch of reproach. But, unhappily, the surgical possibility was no sooner demonstrated than zealous converts sought to apply it to the cure of all sorts of vague "nerve reflexes." Great abuse resulted, but this was years ago.

It is more than a tendency with operators today to decline to remove the undiseased ovaries under any circumstances. For my own part, I observe the limits laid down by Battey himself. I do not hesitate to thus arrest the menstrual function in cases in which it is clearly and demonstrably responsible for recurrent epilepsy, or in those cases in which the dysmenorrhoea, intractable to any other treatment, menaces the general health and usefulness of the patient. My experience in these cases has taught me, however, that the uterine appendage that before operation was apparently healthy, was in fact the seat of marked disease generally of the atrophic and degenerative sort.

With this tendency on the part of operators there exists a tendency on the part of the general profession to advise interference in these terrible cases in which so much relief can be secured with such little exposure to risk, advice which is generally eagerly accepted and acted upon with gratitude by the unfortunate sufferer.

SURGERY OF THE DISEASED APPENDAGES.

Another example of the abuse of an operation was that which followed the demonstration by Tait of destructive infections of the uterine appendages and their cure by removal. This operation was at once expanded to meet all sorts and conditions of disease within the pelvis until finally it has settled down within very definite limitations, the correctness of which is recognized not only by operators but by the profession in general. While this tendency has become a confirmed fact, yet another trend is worthy of note. This relates to the general profession rather than to operators, and is manifested in a spirit of co-operation in bringing these cases to operation.

There is current to-day much less rot about "unsexing" women. The physician who to-day speaks of unsexing women by removing hopelessly diseased uterine appendages is either ignorant or dishonest—ignorant that, so far as the power of reproduc-

tion is concerned, the woman has been long since unsexed by the disease; ignorant that so far as the sexual feeling is concerned the removal of painful, diseased appendages promotes rather than represses it; or dishonest, if knowing the foregoing facts, he uses the expression as a shibboleth with which to frighten, and thus retain in his hands for purposes of revenue, an unhappy patient who might otherwise be restored to health. The husband who for such consideration would impose his objection to an operation which would restore his wife to health, is not a husband but the keeper of a woman, who, however pure and worthy, is yet looked upon by him as his prostitute rather than as the wife of his heart. We yet meet an occasional brute of this description, but happily under the benign influence of our enlightened profession their number is growing less and less. But this is a digression.

I wish to add only that in this important part of our work the spirit of conservatism is most manifest. All is being done that can be done to save organs and to preserve function. I sometimes question whether or not this spirit of conservatism is not going too far in these cases, and whether or not women who ought to be cured by a single operation are not often thereby subjected to the dangers and inconveniences of subsequent interferences. But whatever may be the truth in this regard we may rest assured that back of it all is the desire and the purpose to conserve the best interests of humanity.

It was my purpose to say something about the treatment of fibroids of the uterus, and something about appendicitis and surgery of the intestines and of the gall bladder, but it would be manifestly improper for me to detain you longer. Instead, therefore, of talking about the trend of abdominal and pelvic surgery, which would imply a survey of the whole field, I find that I must rest content with having discussed only a few of the tendencies exemplified in our own daily work and observation. I ask you to accept what I have said in the spirit in which it was offered—the spirit of fraternalism, which has for its basis a heartfelt desire to best subserve the sacred interests intrusted to our keeping.

ANAEMIAS OF INTESTINAL ORIGIN; REPORT OF A
FATAL CASE, WITH AUTOPSY.*

By G. W. McCASKEY, A. M., M. D.,

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GENTLEMEN:—My purpose in presenting this subject is to call attention to the importance of the intestinal disease as a frequent cause of severe grades of anaemia. This is by no means a new point of view. Certain French clinicians long ago reached the conclusion that constipation was the common cause of anaemia.¹ Sir Andrew Clark has recently adopted the same views.² Something more than ten years ago Dr. Hunter thought that he was able to trace a parallelism between the histologic condition of the blood in so-called idio-pathic pernicious anaemia and that experimentally produced by the poisonous action of toluylene,³ and concluded that the remarkable haemolytic processes characteristic of pernicious anaemia were the results of certain cadaveric poisons produced in and absorbed from the gastro-intestinal canal. Numerous other observers reached similar conclusions. For instance, the influence of intestinal parasites in the production of this disease was dwelt upon, and illustrative cases reported, by Podvysowtzki in 1888, and more recently by Shiporovitch and Vlayeff, each of whom reported cases of progressive pernicious anaemia caused by the *bothriocephalus latus*. A few years ago the late William Pepper⁴ reported a case of pernicious anaemia due to ileocolic disease, while Marcorelli in 1890 reported other cases resulting from chronic gastro-intestinal catarrh. In a somewhat recent monograph by Agnoli, of Lima, Peru, he quotes with approval the opinion of Birch-Hirshfield, Lusana, Runeberg, F. Miller, Mooseberger, and others that the pernicious anaemias caused by intestinal parasites (especially *tricocephalus*, *bothriocephalus*, and *anchylostomum*) are not the direct result of their presence or of the abstraction of the blood by them, but of toxins

1. Among comparatively recent opinions, see Charbut, *Etude Critique de 'Anemie pernicieuse progressive*, Paris, 1899. There is recognized by authors quoted a distinct group of cases designated "anaemia progressive gastro-intestinal," p. 6; also Osler, *loc. cit.*, p. 727.

2. Stephen Mackenzie, Lettsomian Lecture on Anaemia, in *Transactions of the London Medical Society*, 1891, p. 196.

3. Stephen Mackenzie, *loc. cit.*, p. 196.

4. *Philadelphia Medical News*, 1895, lxvii, p. 573.

Read before the Upper Maumee Valley Medical Association.

* Reprinted from *International Clinics*.

formed by them and taken into the circulation. These points are selected from comparatively recent literature to show the frequency with which grave anaemias have been attributed to gastro-intestinal and especially intestinal disease.

The following case is selected from among those recently occurring in my practice, and has an especial interest along these lines.

Mr. X., farmer, aged thirty-five, married, had two children; referred by Dr. Z. H. Stamets, April 6, 1898; present illness had had lasted twenty-one weeks.

Personal History.—For nearly ten years he had been troubled with a distress or feeling of fulness in the lower part of the abdomen. He has always had more or less backache, and had been troubled with habitual constipation. For two or three weeks before the present illness began he felt weak and not able to do his usual work. He had six or eight chills, which generally came on during the night. The abdomen became very much "bloated." The distention was extreme and the resulting pain severe. His tongue was heavily coated and breath excessively offensive. During this time the alvine discharges contained large quantities of mucus. This lasted altogether about three weeks. For some days the dejections were almost pure mucus, which was in large massive shreds.

About thirteen weeks after the illness began there appeared a severe, left-sided, typical sciatica, lasting three weeks. When Dr. Stamets was called he found a temperature of 103 degrees F., with considerable tympanites, and says that "the stools contained mucus, purulent material" and a little blood. In three weeks the temperature dropped to 99 degrees.

On examination I found a well-developed man of good physique and fairly rounded form, with little or no emaciation, but intensely anaemic. The fingers and finger-nails were of an ashy color, and no perceptible blushing of the surface could be produced by pressure. He was unable to walk across the room, and constantly complained of shortness of breath. Further questioning in regard to bowel conditions elicited the fact that he had been troubled for years with excessive formation of intestinal gases, and headache after eating his principal meal. Physical examination revealed practically nothing of importance except localized tenderness in certain areas of the abdomen, most marked over the region

of the caecum and in the hypogastrium, and extreme tympanites. The spleen was perhaps slightly enlarged; the liver normal size.

Ophthalmoscopic examination showed numerous retinal hemorrhages, some old, others recent.

General toxæmic pains in all parts of the body were constant and troublesome.

Urinalysis.—The total quantity of urine passed in twenty-four hours was 1625 cubic centimetres; transparency normal; odor strongly urinous; color quite dark; specific gravity 1010; total solids 2 1-3 per cent., or about 39 grammes, or 585 grains; reaction acid; acidity 40 degrees; urea 1.8 per cent., or 29.25 grammes, or 443 grains; uric acid .045 per cent., or 73 centigrammes, or 11 grains; no albumen or sugar; chlorides within normal range; total phosphates .75 per cent., or 12 grammes, or 3 drachms, in twenty-four hours; marked indicanuria, ranging from .01 to .02 of one per cent.; no peptone or acetone. Microscopic examination with centrifuge was entirely negative. A quantitative estimate of the iron excreted in the urine was made by Dr. L. P. Drayer, city chemist, showing for one day .029 per litre, or about .04 for twenty-four hours,—*i. e.*, a great excess.

The history of abdominal symptoms strongly attracted my attention to the digestive tract, and I proceeded to make a thorough investigation of the intestines. The alvine discharge was large in quantity, semi-fluid in consistence, and brownish yellow in color, with a distinct, unevenly, distributed tinge of green throughout. Due, it was found, to chromogenic bacteria. It was extremely offensive and filled with bubbles of fetid gas.

Cover-glass preparations showed myriads of Nothnagel's butyricum clostridium. As would be expected, the fields were filled with bacteria, rod-shapes predominating, the bacillus coli communis existing in large thick clusters in the form of pure cultures.

The water obtained from washing out the colon contained in addition to some fecal matter innumerable fine particles of grayish color, some of which appeared like fragments of calcareous matter. These were heavy and rapidly settled to the bottom, forming a dense layer an inch or more in thickness. This deposit was treated with hydrochloric acid and chloroform, but was insoluble, and stained deeply with gentian violet. Microscopically it was found to be composed, first, of large numbers of epithelial cells, many of which were in advanced stage of fatty degeneration. Considera-

ble numbers of a very interesting species of protozoa were found, measuring about one hundred micromillimetres in diameter, consisting of a very delicate faintly outlined capsule, containing a colorless and nearly structureless protoplasm, with a very large granular nucleus, taking a faint orange G stain.

Small mucous shreds were plentiful, and also a few leucocytes; but besides these there were myriads of a microscopic parasite belonging to the taenia group. After repeated washings and decantations a deposit was obtained consisting almost entirely of these parasites, the quantity of which was incredibly large. The individual segments averaged three-tenths of a millimetre in length and two-tenths in breadth, and were somewhat broader at the centre than at the extremities. The segments all had a distinct reddish tinge, deeper in some than in others. Although commonly single, frequently two, three, and occasionally as many as six or eight segments were found united. Although many slides were examined, no head segment was found. A large collection was set aside in my laboratory with the intention of making a prolonged search for a head segment when there was more leisure, but when the leisure came they had undergone disintegration. The ova were present in enormous numbers.

I was entirely unable to identify the parasite. It has much similarity to the taenia nana, or dwarf tapeworm, which is said by von Siebold to be the smallest tapeworm found in man; but the latter is said to vary from eight to twenty millimetres in length, thus measuring from twenty-five to fifty times more than the parasite found in this case.

Examination of the blood on April 7, 1898, showed it to be in color dark and venous looking; a drop was obtained with great difficulty after constriction of the finger for several minutes; specific gravity 1040 by Hammerschlag's method, indicating about forty per cent. of haemoglobin; centrifugal examination showed fourteen and one-half per cent. of red cells and a fraction over one per cent. of white indicating a blood count of 1,450,000 red and about 120,000 white cells. The centrifugated serum was of normal color. A blood count made at this time by Dr. Drayer gave the number of red cells as a little more than one-fourth millions and the ratio of the white to the red as one to nine. At the same time he estimated the haemoglobin with Fleischl's instrument at thirty-eight per cent.

In cover glass preparations the number of white cells appar-

ently closely correspond with the centrifugal estimate. They took the Ehrlich stain well. A differential count limited to one hundred and forty white cells gave neutrophiles one hundred and fifteen, small lymphocytes twenty, large lymphocytes five, myelocytes one(?). There were a few macrocytes, measuring from ten to twelve micromillimetres in diameter. A number of normoblasts were found, but no megaloblasts. There was a moderate poikilocytosis.

On the ground of a positive history of gastro-intestinal disease, the microscopical demonstration of an intense colonic infection, bacterial, protozoal, and parasitical, and the microscopic findings in the blood, I made the diagnosis of secondary anaemia of intestinal origin, and instituted treatment accordingly. This treatment consisted of daily antiseptic flushings of the colon, with abdominal massage, coupled with fifteen-grain doses of benzonaphtol about four times per day, which latter was later alternated with guaiacol, creosote, and other antiseptics. Both iron and arsenic were exhibited throughout the case. General massage and general tonic, electrical treatments were also carried out systematically. Oxygen inhalations were also administered daily—five or six gallons—for several weeks.

The condition of the alvine discharges and colonic washings showed continuous improvement in the local conditions. The fetor diminished and the microscopic evidences of infection became less and less. Very slowly, but still perceptibly, there was improvement in the blood conditions, as shown both by superficial appearances of nail-beds and blood examinations. The red cells gradually increased in number until in five weeks the count showed 2,225,000. At this time external signs of improvement were very noticeable. The nail-beds on the slightest pressure showed a distinct pinkish color, which it was impossible to produce at first. A similar coloration, less in degree, could be produced on the ends of the fingers. The general pallor, while still great, was observed by myself and commented on by members of his family as not being so extreme.

During this time the leucocytosis had gradually disappeared. No actual count of white cells was made, but the centrifugal layer became invisible, and the cover-glass preparation showed the leucocytes to be within normal range.

The patient left the hospital in about three weeks, the improvement continuing for several weeks longer. At this time the sciatic

pain reappeared, and also an intense pain and soreness localized in the abductors of left thigh, possibly a toxic myositis. This pain became worse and worse, destroying appetite and preventing sleep, and rapidly turned the scale against the patient. Death from inanition followed a few weeks later. The fatal issue was undoubtedly determined by the prostrating effects of the intense sciatic pain, as improvement was marked up to the time of the return of this complication.

An autopsy was made thirteen hours after death by Drs. Z. H. Stamets, F. M. Hines, and others. The autopsy notes were made by Dr. Hines, from whom and Dr. W. F. Shoemaker I obtained a report. The lungs, heart, liver, spleen, and kidneys were normal, so far as the naked-eye appearances would indicate. There was evidence of severe intestinal catarrh involving the entire colon and a considerable portion of the ileum. The pancreas was normal in size, form, and position, but was considerably indurated and surrounded by adhesions, which bound it firmly to the posterior abdominal wall and adjacent organs, the evident result of old inflammatory processes.

This case presents many points of interest bearing upon the general subject of anaemia and especially upon the particular topic of this paper. In some of its features, and especially in the absence of marked emaciation, its malignancy, increased iron excretion, high color index, and retinal hemorrhages, it bears a close correspondence to the commonly received standards of so-called idiopathic pernicious anaemia; but here the parallelism ceases and divergences begin.

First as to the absence of emaciation. The retention of subcutaneous fat is not at all peculiar to idiopathic pernicious anaemia, but is found in chlorosis (in which it is sometimes even increased) and in some obviously secondary anaemias. The daily output of 29.25 grammes (450.3 grains) of urea and .73 gramme (11.26 grains) of uric acid (a ratio of 40:1) is not only within the limits of health, but strikingly near the physiological standards. The fault was apparently not in the metabolism of proteids. With regard to the carbohydrates and fats I can only say that with a liberal mixed diet there was no stomach distress after meals, and that there was neither lipuria nor fatty stools, proving that the fats were disposed of in the normal manner. About twenty complete examinations of colonic contents and twenty-four-hour collections of urine

were made during my observation of the case. In the fecal matter there were many grayish-white particles which macroscopically might have been mistaken for fat, but repeated microscopical and chemical examinations proved them to be something else.

We must conclude, therefore, that the general nutrition of the body, as indicated by the gross metabolic processes, was in a phenomenally good condition, considering the circumstances of the case, and really fair for a person in ordinary health.

With regard to the single feature of malignancy, it is not entitled to great weight in the differential diagnosis between supposedly primary and secondary types of anaemia.

The increased iron excretion in the urine is a point of much greater importance. Let us carefully consider its significance. The data are meagre. Hunter says that the normal excretion in health averages .0056gramme, or one-tenth grain, in twenty-four hours, while in pernicious anaemia it averages .0322 gramme, or one-half grain, and in chlorosis .0017 gramme, or one-fortieth grain. In this case a single estimation (May 7) showed about .4 gramme, or six grains,—a tremendous increase. What is the explanation of this condition? There is only one answer. It means excessive haemolysis. This is only one answer. It means excessive chlorosis and pernicious anaemia above quoted. In chlorosis the blood-cells are not destroyed; the count is relative large, four million or more, while the individual value of the cells in haemoglobin, which is almost the same as saying in iron, is very small; in pernicious anaemia, whether secondary or otherwise, haemolysis is usually excessive, the red cells are rapidly disintegrated, and their constituent iron is eliminated in the urine. In chlorosis both haemogenesis and haemolysis are inactive; in pernicious anaemia and allied anaemias both haemogenesis and haemolysis may be active, the later being excessive and more than counterbalancing the active haemogenetic function. As Ehrlich has most graphically expressed it, "Degeneration and regeneration course side by side in uncomplicated anaemia, and it depends upon one or the other process whether this simple anaemia ends in a cure or in the progressive pernicious form."

There is at least good ground for empirically assuming that bacterial ptomaines and proteids of intestinal origin may have a direct action upon the red cells, destructive in character, thus accounting at once for the excessive haemolysis and resulting exces-

sive iron excretion. One fact supporting this view is found in the circumstance, dwelt upon by Stephen Mackenzie,¹ that the evidences of excessive haemolysis in cases of so-called idiopathic pernicious anaemia are found especially in the portal circulation and increased iron pigmentation of the liver. If this does not mean that the necrobiotic process going on in the red cells of the portal circulation, and this fact—which is, I think, generally accepted²—points with no uncertain finger to the gastro-intestinal tract as the source of the anaemia when those conditions are met with,—points, in short, to the secondary character of all such cases of so-called idiopathic pernicious anaemia.

The color index appears to be somewhat high in this case,—viz., about 1.25. This increased color index is said to be somewhat characteristic of pernicious anaemia, and yet Cabot tells us that in thirty-four cases of pernicious anaemia the color index was less than 1 in twenty-one cases and more than 1 in thirteen cases. Apparently a low color index is found somewhat more frequently than a high one, if we may judge by this series of cases. There was one phenomenon presented in this case which I do not remember seeing mentioned, and which, it seems to me, must still further obscure the significance of color index and render still more unreliable the already much questioned color methods of haemoglobin estimation. I refer to the dark, venous-looking character of the drop, instead of the frequently pale and watery color, which is not, of course, due to increased haemoglobin but to defective oxidation. Such a condition, it would seem, cannot do otherwise than raise the color index.

I am using Gower's haemoglobinometer, on the recommendation of Vierordt, who regards it as much more reliable than Fleischl's apparatus; but I confess to a strong feeling of uncertainty as to when I have made exactly the proper degree of dilution, and regard the result as only roughly approximate. With all these uncertainties hanging around the subject of color index, its reliability as a diagnostic sign cannot be great.

The differential count of white cells reveals a condition entirely discordant with the accepted descriptions of the blood in so-called idiopathic pernicious anaemia. For instance, in an analysis of thir-

1. Stephen Mackenzie loc. cit., p. 168.

2. Stahl, Quincke, Peters, Rosenheim, Mott, Kobert, Cohn, and Glaveck, quoted by Mackenzie, loc. cit.

ty-four cases Cabot found that large and small lymphocytes averaged 45.9 per cent. of the entire number of white cells, about nine-tenths of these lymphocytes being of the small variety.

In this case the lymphocytes and neutrophiles were in about normal proportion. The character of the white cells, therefore, indicated a leucocytosis entirely physiologic in its proportions.

Furthermore, leucocytosis is said not to exist in pernicious anaemia except temporarily as the result of some complication, a marked leucopenia being the rule, the white cells falling as low as four hundred in one reported case. In my case the obvious cause of the leucocytosis was found in intestinal conditions, the history showing that they were of very long duration. Moreover, leucocytosis has been experimentally produced by Buchner¹ by the introduction into the circulation of certain pyogenetic bacterial products. With these experimental and clinical facts before us, considered in their relation to this case, I think we are fully warranted in attributing the remarkable leucocytosis found to chemical products of some of the numerous varieties of bacteria present in the intense mixed colonic infection.

In the associated intestinal infection and resulting toxaemia we have that which, in my opinion, in the light of experimental research and clinical observation, we are entirely justified in regarding as the adequate cause of the anaemia. The notable improvement as intestinal asepsis was gradually and partially accomplished, amounting to an increase of more than fifty per cent. in the number of red cells, and the disappearance of the leucocytosis, presumably as a result of the disappearance or greatly diminished quantities of chemotactic bacterial products poured into the blood, furnish the strongest kind of corroboration of this view of the case. The increase in red cells and diminution in white proceeded *pari passu* with improvement in the intestinal condition, and was only arrested when the intense thigh pain returned. His anaemia, though vastly improved, was still grave, there being less than fifty per cent. of the normal number of red cells, and, enervated by more than six months of overwhelming toxaemia, he was in no condition to withstand a disease like sciatica, with possibly a complicating myositis, that frequently taxes the vitality of strong and vigorous patients to the utmost.

In considering the significance of a hardened condition of the

1. Vaughn, and Novy, Ptomaines, Leucomaines, etc., Philadelphia, 1896, p. 193.

pancreas we must remember that it is sometimes indurated without being diseased. Osler says,¹ "Normal conditions of the organ must not be mistaken for disease. It is often hard and with very distinct lobulation." In view of these facts we will have to be cautious in drawing conclusions from simple induration, unsupported by microscopic examination, which was made impossible by refusal of permission to take specimens.

The functional integrity of the pancreas in this case is supported by clinical evidence which is very nearly if not entirely conclusive. I have already dwelt upon the absence of pathological quantities of fat in the stools, a fact verified repeatedly by chemical and microscopic research. The absence of both glycosuria and lipuria was also proved by numerous examinations.

Now, the well-known experiments of Mering and Minkowski, together with clinical observations, warrant the conclusion that complete destruction of pancreatic function invariably causes glycosuria. Its entire absence in this case, strengthened by the absence of lipuria and fatty stools, would furnish conclusive evidence of the integrity of pancreatic function. I am quite well aware that, as a rare exception, the bile may in the absence of pancreatic secretion so far transform the fat as to permit of its absorption, thus preventing fatty stools. But no other function could vicariously replace that of the pancreas in the prevention of glycosuria, and the probably imperfect biliary transformation of fats would favor lipuria. The absence of the extreme emaciation so characteristic of severe pancreatic disease, and constantly present in Mering and Minkowski's experiments, might be cited as further proof of the functional activity of the gland.

There is no sufficient reason to suppose that either the pancreatitis or surrounding peritonitis bore any direct relationship to the fatal anaemia in this case. These structures are not directly concerned in the blood-making function, and the most that they could do would be to impair digestion and thus favor the intestinal infection, which was, I am fully convinced, the efficient cause of both the oligocythaemia and the leucocytosis. That they were contributing factors, as any morbid process disturbing the general health would certainly be, may be freely admitted; but there are good and sufficient reasons to regard them along with the anaemia as co-results

1. William Osler, Practice of Medicine, p. 492.

of the primary intestinal disease, the etiology of which is remote in time and obscure in character.

I desire especially, however, to call attention to the probable importance of the parasites, identically the same form having since been found in two other cases of moderately severe anaemia, which pursued a favorable course with their elimination and, of course, other appropriate treatment. I have already cited a number of observers who attribute to the chemical poisons formed by various intestinal parasites—poisons perhaps analogous to the ptomaines of bacteria—a very important *role* in the production of grave anaemias. In view of the considerable number of cases of pernicious anaemia reported as caused by intestinal parasites, the immense number of these organisms present in this case can be fairly regarded as a probably important factor, along with the bacteria, in its etiology.

There is good reason for believing that, owing to the technical and aesthetic difficulties encountered in a scientific investigation of intestinal contents, adequate causes of grave anaemias are frequently overlooked in this location; and that, consequently, many a case recorded as idiopathic would find in this field of research a demonstration both of its cause and secondary character. It is not supposed for a moment that the cause of all cases of pernicious anaemia will be found in intestinal infections. Yet it is extremely significant that the destructive blood changes as described in this group of cases are largely limited to the portal circulation, where morbid influences can scarcely come from any other source than the gastro-intestinal tract. Furthermore, this portal haemolysis constitutes by far the most important factor of the disease. The fatal tendency in pernicious anaemia is due to this excessive haemolysis more than to anything else, if not to this alone.

It appears to me that in so-called pernicious anaemia the evidence is in favor of the view that the primary change, in so far as it concerns the blood mechanism, is limited to the blood-cells, and that the marrow changes are secondary. This view is held by Eichhorst, Paechtner,¹ and others. It seems to be a well-established fact that hyperplasia of the bone-marrow occurs in forms of anaemia unquestionably secondary in character, and can fairly be re-

1. W. Paechtner, Ueber progressive perniciose Anämie, Würzburg, 1894, S. 29.

garded as an effort to meet the excessive haemolysis by a compensatory haemogenesis.

Conclusions.—1. Many cases of grave anaemia, pernicious in type, have their cause in toxaemic states resulting from gastro-intestinal diseases.

2. The fact that the haemolytic process recorded in cases of so-called idiopathic pernicious anaemia has been shown to occur principally, if not exclusively, in the portal circulation is very nearly conclusive proof of the gastro-intestinal origin of all cases in which this phenomenon occurs.

3. The cause of this excessive haemolysis is presumably a group of poisons, as yet unidentified, resulting from the growth of bacteria, parasites, or, possibly, protozoa.

4. This explanation is accepted for a large contingent, but by no means for all, of the cases of so-called idiopathic pernicious anaemia; for the remainder other causes exist, but still for the most part probably outside the haematopoietic organs.

5. The evidence so far tends to prove that in most, if not in all, pernicious anaemias, and especially in those of the so-called idiopathic type, haemogenesis—and, therefore, the integrity of the haematopoietic organs—is unimpaired or excessive, indicating an attempt to compensate the excessive haemolysis which constitutes the essential feature of the disease so far as the blood is concerned.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of June:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	2	1
Scarlet Fever	2	0
Measles	0	0
Typhoid Fever	1	0
Tuberculosis	not rep	7
Cerebro-Spinal Meningitis.....	not rep	2
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	not rep	0
Cholera Infantum.....	not rep	12
Total deaths from all causes.....		55

A BLOW TO CHRISTIAN SCIENTISTS AND OSTEOPATHS.

The Indiana State Board of Medical Registration and Examination have at last obtained an opinion from the attorney general relative to the legality of medical practice by Christian Scientists, Osteopaths, and others who assume the title of doctor to minister to the sick, without being licensed. Dr. Chas. Summers was tried before a jury at Muncie on a charge of violating the law that requires physicians to take out a license and undergo an examination before the state medical board. Dr. Summers is an osteopathist, and claimed not to be liable because he does not prescribe medicine, and upon this evidence the jury obtained a verdict for the defendant. In a recent trial of Christian Scientists a similar plea was presented and a verdict for the defendant rendered.

These cases were promptly appealed by the State Board of Medical Registration and Examination and Attorney General Taylor, at the request of the state medical board, has delivered an opinion in which he says that it is illegal for Faith Curists, Christian Scientists and other unlicensed persons who assume the title of doctor, to minister to the sick, particularly where a fee is charged. This opinion will have a wide-reaching effect and it is hoped will result in the practical abolition of Christian Science, Osteopathic and similar medical practice within the state of Indiana. If these ignorant and fanatical pretenders are not now effectually prevented from applying their trade within the confines of the State of Indiana, it will be the fault of the State Board of Medical Registration and Examination which is specifically charged with the duty of enforcing the law.

A. E. B.

DR. THEODORE POTTER'S CRITICISM OF THE CINCINNATI LANCET CLINIC'S PARISIAN MEDICAL CHIT-CHAT.

For several years there has appeared regularly in the *Cincinnati Lancet Clinic* contributions by one who subscribes himself T. C. M., under the title of "Parisian Medical Chit-Chat." These articles, being to a more or less extent translations from French medical literature, have been highly interesting and proven an attractive feature of the *Lancet Clinic*. Of late, however, there has been a dis-

position on the part of the writer to severely criticise and make light of the more recent developments in progressive medicine, particularly the germ theory of disease, and the discoveries along the line of bacteriology. Bacteriological and serum diagnosis, and serum therapy come in for a goodly portion of derision, and the writer says he is put out of patience with those who waste their time, for lack of something better to do, studying pathology, bacteriology, bacteriological diagnosis, serum diagnosis and serum therapy. T. C. M. thinks that while we are wasting our time in following out these new-fangled notions our patients are dying for lack of those diagnostic and therapeutic measures which constituted the essence of medical truth forty years ago.

Believing that such erroneous teaching published in a periodical that lays claim to a large circulation among intelligent and progressive physicians is productive of much harm, and misrepresents the facts conclusively demonstrated by recent medical advancement, Dr. Theodore Potter, of Indianapolis, Indiana, in a well written letter published in the *Lancet Clinic*, July 15th, calls T. C. M. to account by pointing out some of the achievements attained through developments along the line which T. C. M. so severely criticises. Dr. Potter's letter rehearses the achievements of our progressive investigators, and rightfully gives credit for most of our present success in battling with disease to the knowledge that has come to us through the investigations of pathologists and bacteriologists.

It was time for some one to protest against such slurs as were cast upon our most learned physicians and experimenters, whose success attests the value of their work, and we are glad that Dr. Potter has taken up the question and by his vigorous and logical argument gives evidence of his ability to successfully defend that which every progressive physician knows is responsible for most of our present day success in treating disease. We fully agree with Dr. Potter that T. C. M. has brought his professional usefulness to an end. He no longer believes in progress nor in those who do progress. Surely there is nothing more lamentable than to see a once learned and progressive mind grow stale and sour and stagnant while yet the body moves. It is indeed a living death but all too slow.

A. E. B.

MEAT POISONING.

In a report of a recent meeting of the London Pathological So-

ciety a communication upon this subject was presented by Dr. H. E. Durham, who had made thorough investigation of two outbreaks of disease from this cause. The action of the serum from those patients on cultures of various bacteria was also studied.

As a general result he found that they gave a definite agglutinating reaction in high dilutions with cultures of the bacterium enteritidis. This action was given with all varieties of this bacillus although there was individual peculiarities in their behavior. He also added the serum to cultures of typhoid and other bacilli, but found no reaction unless he used low dilutions of serum. With low dilutions, however, he obtained the agglutinating action. Dr. Durham pointed out that the strength employed (one in ten) would give agglutinating reaction with serum from many cases besides those of enteric fever and that it could not be regarded as a specific reaction. For purposes of diagnosis of enteric fever the clinical methods of sero-diagnosis ordinarily followed were quite unreliable, a much higher dilution being necessary. In the cases of meat-poisoning to which he referred there was no reaction with high dilutions except to cultures of the bacillus enteritidis. Dr. Durham, thought that there was no doubt that cases of meat poisoning were due to infection by organisms and the reaction he had obtained showed that in his cases the infection was due to the bacillus enteritidis. In most of the epidemics where the source of the meat could be traced it had been shown by different observers that animals from which the meat came were themselves diseased before death.

In a discussion of the report Dr. Washburn expressed regret that Dr. Durham had not gone more fully into the proofs that these cases were always due to infection and not to absorption. He agreed that in the majority of cases this was so. The old methods of removal of alkaloid ptomaines from the organs many hours after death were open to many objections, and it was probable that they did not produce the symptoms met with during life. He was interested to hear what Dr. Durham had said as to the reliability of the serum reaction in enteric fever as usually applied, but he thought that in the wards it gave very useful and accurate information. Mr. A. . R. Foulteron could not agree that all the evidence was in favor of cases of meat-poisoning being infective. The mere presence of the agglutinating reaction does not prove this in his opinion.

G. W. M.

AN OBSCURE CAUSE OF DISEASE.

In the history or etiology of disease we are governed largely by the experience of writers on medical subjects and only partially by observations of our own.

In the classification of causes of diseases, we usually consider heredity, contagion, atmospheric environments, occupation, mode and method of living, hygienic conditions, etc., etc.

One of the important causes, and one to which often very little attention is paid, is the kind and quality of food usually employed. Both the secular and medical press is filled with literature pro and con, on the subject of milk supply, the tendency of tuberculosis in cattle, the enforcement of laws regarding the analysis and sale of milk and dairy products. That this animated discussion regarding dairy products is timely, and productive of good results, is beyond question, and time alone will demonstrate the wisdom of the action taken by the various city, county and state boards of health.

Another important factor which is menacing the public health and which, if fully understood, may assist the physician in the diagnosis and treatment of some of the cases that come under his observation, may be found in the various articles used in the kitchen for the preparation of foods. This subject was rather forcibly brought to the writer's notice in analysing the recent report of the State Board of Food Commission in a neighboring state. This report shows that nearly all of the spices such as cloves, cinnamon, allspice, mace, mustard, were largely adulterated with inert mineral substances like yellow ochre, Spanish brown, Venetian red and similar paint stuffs. Vinegar contained from 10 to 25 per cent. of acetic acid. Flavoring extracts like pineapple, strawberry, orange, banana, pear, etc., were simply dilutions of very poisonous ethers, and the syrups offered for sale contained excessive quantities of glucose.

The most flagrant adulteration occurred in the manufacture of cream of tartar, so extensively used in the preparation of baking powder. Eight out of ten samples analysed contain no cream of tartar whatever, but were largely made up of lime salts, chalk and tartaric acid, while six out of these eight contained plaster paris as its principal ingredient. The amount of plaster paris in one of the samples exceeded 50 per cent. of its weight, or in other words, one pound of cream of tartar contained over one-half pound of plaster paris.

Americans are looked upon as a nation of dyspeptics, and the above little extract may serve to show why we are entitled to this reputation. The greed of the average manufacturer to produce an article of commerce at a price below that at which a reliable and pure food preparation can be made in order to knock out competition, is responsible for this deplorable condition, and we cannot urge too severely the crying need and necessity to check this growing evil by municipal and state authorities.

The chemistry of digestion as usually taught and understood must be revised and enlarged in order to cope with these new conditions and to so adjust our lines of treatment as to take care of some of these foreign bodies ingested into the stomachs of the up to date American citizen.

W. O. GROSS.

INCREASE OF ILL HEALTH DUE TO OUR PRESENT SYSTEM OF EDUCATION.

Considerable attention has of late been given to the subject of increasing requirements in our present system of education and its bearing upon the production of ill health among the students of our high schools and colleges, in consequence of the longer hours of work and increasing exactions as to proficiency.. Even the casual observer cannot but notice the ill effects of prolonged hours of study, as now required by the average educational institution, that are manifest in the general appearance of a large percentage of our high school and college students. Perhaps the ill effects are more conspicuous among our high school students than in others, as the exactions during this part of their education fall heavily at a time when the sensitive organism is least capable of bearing the strain, and at a time when naturally healthy development demands more rest and recreation than at a later period in life.

In an editorial in the *Lancet Clinic* of July 29th, upon "Overwork and Overworry," we find the following regarding this all important subject. The sentiments expressed are so much in accord with our own ideas upon this subject that we reproduce a portion of the editorial as published:

"Overwork and overworry are not confined to the physically and mentally active men of middle age, but it is found more frequently in the boys and girls in high schools. These schools are entered at a time when the pupils are entering upon what is known as the period of puberty, when changes in life functions are going

on with greatest rapidity. The entire physical, mental and moral life of the individuals is in its most sensitive condition. Even life itself is on edge. There is a comparative new birth, new aims, new ambitions, new books, new teachers, new school, new companions, new emotions, new thoughts, a new life, new and more severe hours of study, new hours for meals and recreation; sleep is restless and disturbed; the natural is made to become unnatural. Do breakdowns take place? Of course they do, and full 40 per cent. drop out of the race during the first year's heat, and 25 per cent. of the remainder in the second year succumb and pass beyond the confines of the high schools. The percentage of losses is greater than among soldiers engaged in actual war. Why is this? Educators have lost their own heads and forgotten something, or such conditions would not exist. They do not take into account the sensitive period of puberty. They enforce unnatural school hours, and unnatural hours for food, study and recreation.

Boys and girls in normal health should have three full meals every day, which should be eaten in the morning, at noon and early evening, with a little lunch between meals; six hours and no more school work, including recitations and study, and no study at home. Courses of study should be arranged to meet these exigencies. And why not? Well, the educators have thought of and been good to themselves at the expense of the pupils. They want the school recitations all held in the morning or forenoon, running them hard up to one o'clock. By this time the pupils are fairly famished, and are sent home with a great load of books and instructions to study at home. More barbarous proceedings were never attempted by scalp-hunting Indians. Think of it, and no one need wonder or be surprised that 40 per cent. drop out in the first high-school year!

The high-school hours should be rearranged for the benefit of the pupils. Their studies should be made to conform to their physical, mental and moral condition. Not forgetting the exceeding sensitiveness of their new birth. In fact, they should be nursed and literally carried through this, the most critically sensitive period of life.

There is nothing in the entire school system that is so faulty as the high-school course. In the long ago—how long the writer does not know—academic college hours were arranged for forenoon recitations, with outside study hours, which, unfortunately,

have continued to the present time. The high schools, when organized, aped the hours of the academic college. The harm that has come to the boys and girls of America through this false start can never be fully comprehended. It is positively terrible to contemplate. Scores—even hundreds and thousands—of American youths have been literally and deliberately blighted, their education prematurely cut short because their teachers did not know enough to take into consideration the physiological changes going on in the bodies, minds and morals of the pupils committed to their care.

This is a great big question, which should be solved by the legitimate teachings of intelligent physicians. These teachings should be imparted to every board of education in the land. From past experiences, the writer knows very well there will be opposition raised by the high school teachers, for this is not the first time he has mentioned this important theme. He knows their opposition, and knows how the present school hours are arranged for the special convenience of the teachers, and are not for the benefit of the pupils.

The subject is of such importance and magnitude that it should be agitated in every town and city that supports a high school. Through intelligent agitation reformation will come, and it will not come before it is sadly, sadly needed.”

A. E. B.

THE COMMISSION QUESTION.

Should specialists pay fees to the general practitioner for cases referred to them for treatment?

There can be but one correct answer to this question. All right minded men, with a correct comprehension of the premises, will answer it with a prompt and decisive *no*. Men who give commissions, and men who receive or ask them, are either lacking in comprehension, or moral back-bone, or both. We prefer to believe that most of those who err in this matter do so from lack of proper appreciation of the questions involved, rather than from lack of moral stamina. One writer says in defense of those who receive commissions, that the general practitioner should be paid for advising his patients to go to a specialist. With this we agree entirely. No matter whether a change of climate, a certain diet, medicine, or the consultation of a specialist is advised, the advice should be paid for by the one advised. But the man who makes the charge and the man who collects it should be the man

who gives the advice. And herein we disagree with the writer above referred to (Dr. Ferriss Burdue, *Am. Jour. Surg. and Gynecol.* June, 1899,) and all others who hold like views with him on this subject. He says:

"I hold that when the family physician loses much time in convincing the patient of the need of an operation, accompanies him to the specialist and aids in the work, he should by all means share the profits. The physician, whatever his line of work may be, must use business sense—neither expect to give nor receive services without remuneration; if the patient be of such character as to fail to appreciate the favors extended by the family doctor and one who would not under any conditions be content to adequately pay him, the specialist should not on 'ethical grounds' fail to see that his services are properly rewarded.

Not one man in a thousand works for the mere love of work—should he expect others to? One may take this view and still most conscientiously work to his patients' best interests. No physician can afford to give his time gratis, while the other fellow reaps large profits—simply because he wears the mantle of a specialist. The 'ethical plan' is a fine stump to hide behind when a man has that absorbing greed for all the patient can pay. Before he gets the case nothing is too good for us 'common doctors;' afterward, 'I have my fee—you must look out for self;' in other words, it too frequently has been an illustration of the old saying: 'Every man for himself; the devil for all.'

"Such a plan is the cause, no doubt, of many patients being kept away from the specialist's hands; for the **general practitioner**, no matter how great his desire may be for the patient to have the special treatment, can not afford to donate his valuable time and money for traveling expenses when his own family is entirely dependent on his earnings; yet the patient who often most needs the attention of the skilled specialist will not pay the 'city doctor' for his services and at the same time his regular medical attendant for his loss of time, and expenses; yet he will not go to the specialist alone. What, then, is the doctor to do? Let the patient continue to suffer; make great personal and financial sacrifice in order to accompany him to the specialist; or make arrangements with the latter for a proper division of the fee? It strikes me that the average country doctor will adopt the last plan—and thereby benefit his patient to the fullest possible extent, yet without great sacrifice. Is it not so?"

As above stated the physician should charge both for his time and his advice and should collect such charges himself. To ask the specialist to charge and collect such fees is for him who asks this to write himself a moral coward. The specialist charges for the services which he renders and should charge for nothing else. The general practitioner advises a patient to go to a specialist because the patient needs services which he (the general practitioner) is incapable of rendering.

It is not the specialist who charges a fair fee for his work who is possessed of "absorbing greed," but the man who asks the specialist for a division of his fee.

Dr. Finis says, "the patient who often most needs the attention of the skilled specialist will not pay the 'city doctor' for his services and at the same time his regular medical attendant for his loss of time and expenses; yet he will not go to the specialist alone. What then is the doctor to do?" We reply, let the attending physician collect his fee for his time and expenses before he starts with the patient if necessary, and thus let the "absorbing greed" of the specialist remain unsatisfied. We deny that one patient in a hundred will ask his physician to accompany him to a specialist without remuneration. The practitioner who properly values his time will not hesitate to refuse such an outrageous request.

What would be the result as concerns the relationship existing between the attending physician, the specialist, and the patient in a given case in which Dr. Finis' theory was put into practice, provided the bill rendered by the specialist were properly and honestly itemized? If thus rendered it would read as follows:

Mr. Blank:—In account with Dr. Specialist, Dr.:

To operation	\$100.00
To commission attending physician.....	100.00

Or perhaps more truthfully as follows:

Mr. Blank. In account with Dr. Specialist:

To operation.....	\$100.00
To services rendered by attending physicians, for which services said physician is afraid to render a bill.....	100.00

Finally in reply to the doctor's query—"What then is the doctor to do?" We reply—Do as you would wish to be done by. Be honest. Be a "*physician*" in the highest and best sense of the term. The doctor says the "Golden Rule itself is old as the ages." So it is Doctor, and, like all pure gold it retains the same lustre with which it was born, because it is the lustre of *right* and *justice*—eternal and unchangeable.

M. F. P.

NEWS NOTES AND COMMENTS

DEATH FROM TETANUS.—Fort Wayne had one death from tetanus as a result of a Fourth of July accident.

NEW MEDICAL STUDENTS.—Dr. C. B. Stemen informs us that the prospects are now for a larger class than usual for the coming term of the Fort Wayne College of Medicine.

PATENT MEDICINE TESTIMONIAL A BASIS FOR WITHDRAWAL OF PENSION.—A Minnesota veteran, having given a published testimonial to a patent medicine firm that its medicine had restored him to perfect health, is now trying to set himself right with the pension office which proposes to take him at his word and cut him off the pension rolls.—*Medical News*.

DR. CHAS. A. L. REED IN EUROPE.—From a recent letter we learn that Dr. Chas. A. L. Reed, the well known gynecologist of Cincinnati, is in Europe. He will spend a few weeks visiting the various clinics in Vienna and Berlin, afterwards devoting a short period to rest and recreation in and about Paris, returning to his work in Cincinnati prior to October 1st.

ALLEN COUNTY MEDICAL SOCIETY MEETING.—After a two month's rest the Allen County Medical Society will hold its first meeting of the fall on Tuesday evening, September 5th. The papers on the program are "Tabes Dorsalis," by Dr. B. Van Sweringen; "Syringomyelia," by Dr. G. W. McCaskey; and "Peripheral Neuritis," by Dr. G. B. M. Bower. Dr. Hugh T. Patrick, of Chicago, is to be the guest of the society on September 19th, when he will present a paper on the title, "Remarks on the Diagnosis of Hysteria."

CLEAN BILL OF HEALTH A REQUIREMENT BEFORE BEING

GRANTED A MARRIAGE LICENSE IN NORTH DAKOTA.—The senate of North Dakota has passed a law providing for the appointment of a board of physicians to decide upon the fitness of applicants for marriage licenses to enter into marriage relations. Licenses will be refused to any who suffer from diseases that are likely to manifest themselves in their progeny, especially dipsomania, insanity, syphilis and tuberculosis.—*Medical Sentinel*.

DR. BULSON'S VACATION AT ROME CITY.—Dr. A. E. Bulson, Jr., is spending a month with his family at Rome City. His time while there will be about equally divided between fishing, and inventing fish stories with which to regale his friends when he returns. Bulson is something of a fisherman, but as a teller of fish stories he is without a peer in this neck of the woods. His expression while he talks is a picture of innocence and candor and his faith in the credulity of his hearers is child-like and refreshing.

FORT WAYNE COLLEGE OF MEDICINE.—The twenty-first annual announcement of the Fort Wayne College of Medicine has just reached us, and we note that the institution has recently moved into its new and convenient building, which has been procured by remodelling the old college building at an expense of several thousand dollars. The teaching force numbers twenty-seven men, all of whom are in active practice, and the facilities for giving the student a thorough and practical education are fully set forth in the general statement of the college. The session of 1899-1900 will open on Wednesday, September 6th, 1899, and close March 27, 1900.

STRYCHNINE TOXICITY.—The inherent measure of immunity from poisons—medicinal, bacterial—cannot be estimated if we are to judge from what is usually considered fatal poisoning. Dr. Shoemaker asserts that he has given strychnine medicinally in doses of half a grain without producing death, and that much larger doses had been taken without fatal results. In confirmation of the latter assertion Dr. McConachie reports, in the *Philadelphia Medical Journal*, a case in which three grains of strychnine, possibly more, in the form of tablets of 1-30 grain each, were taken at one

dose by a man forty-three years of age, in robust health, and weighing one hundred and sixty pounds, without a fatal result.

VACCINATION STATISTICS.—The anti-vaccinationists will find food for thought if they will investigate the latest reports concerning smallpox in Germany during the last decade and a half. For the ten years previous to 1895 the average death rate from smallpox was 116, the greater of the total number occurring in the early period of the decade. In 1895 there were 27 deaths, in 1896, 10, and in 1897, 5. In Germany the law requires vaccination and re-vaccination, and the law is carried out. In no other country is the value of vaccination more evident than in Germany, and in no other country is the preventive method more thoroughly carried out.—*Jour. Amer. Med. Asso.*

LEGAL RECOGNITION OF CHRISTIAN SCIENCE IN ILLINOIS.—According to the *Journal of the American Medical Association* the Christian science healers are, under the new medical act of Illinois, for the first time given a legal status. The act contains the following clause explicitly prohibiting interference with them: "This act shall not apply to any person who ministers to or treats the sick or suffering by mental or spiritual means without drugs or material remedy." Under this act the Christian scientist has full right to practice without supervision or control by any authorities. The result of this backward step in medical legislation will be watched with considerable interest, and inasmuch as a precedent has been established it is not too much to expect that other states may perhaps follow the example set by the great state of Illinois, to the lasting disgrace of the law-makers who have a hand in such infamous legislation.

HOPE HOSPITAL IMPROVEMENTS.—During the past year Hope Hospital of Fort Wayne has been thoroughly remodelled and an extensive addition built for the accommodation of the largely increased number of patients who within the past few years have applied for admission to this model institution. One of the new features is a large, thoroughly equipped and modern operating room, upon which no money was spared to make it as fine as could be produced. A change which is now under way is the placing of a new electric elevator in the main wing, to take the place of the old

antequated hydraulic elevator which has served the purpose of the hospital for so long. All the wards and rooms in the hospital have been thoroughly renovated and placed in a condition to correspond with such apartments in any of the most modern and best appointed hospitals.

MALPRACTICE SUITS IN OREGON.—As an outcome of a heavy judgment rendered against a Portland physician some months ago for alleged malpractice, several other prominent Oregon physicians have since been sued for damages on the charge of malpractice, the plaintiffs believing that a precedent already established will materially assist them in securing a judgment in their favor. From a contemporary we learn that the first judgment was rendered largely as a result of the damaging evidence given by certain physicians who were unfriendly to the defendant. As other cases are almost certain to follow it can be readily seen that many medical men will in all probability get into trouble in consequence of a desire on the part of a few revengeful practitioners to get even for alleged faults by testifying against their fellow associates. The *Medical Sentinel* rightfully says that there are times when the profession can afford to forget even the faults of its enemies within its own lines when attacked from without.

RUPTURE OF THE UTERUS FROM ERGOT.—At a meeting of the Cologne Obstetrical and Gynecological Society in February of this year, two cases of uterine rupture due to ergot were reported. In the first the midwife had administered four grams of ergot within a short period. The pains became much stronger for awhile and then suddenly ceased, with slight hemorrhage in the vagina. A physician was called, who found the foetal head in the pelvic inlet and os dilated as large as a silver dollar. No foetal heart sounds. He made a diagnosis of atony and used expectant measures. On the next afternoon the patient collapsed. Examination revealed a right-sided uterine tear. Delivery accomplished by turning and manual extraction. Autopsy showed much blood in the peritoneal cavity. It was the general opinion that the ergot had produced a tetanus uteri and that the locality of least resistance had ruptured. The members of the society in discussing the paper expressed a belief that spontaneous rupture of the uterus at the hands of midwives was not at all uncommon.—*Obstetrics*.

OUR WELL INFORMED NEWSPAPER REPORTERS.—Judging from the reports which we frequently read in the daily papers of the city of Fort Wayne it would seem that the reporters are exceptionally well informed upon medical subjects, and in fact we might believe that some of them have even studied medicine and afterwards found newspaper reporting much more to their liking. As an evidence of their superior knowledge of technical terms we have recently seen reported, with technical terms properly used and properly spelled, such operations as “appendectomies,” “discission for traumatic cataract,” “iridectomy for traumatic injury of the iris,” “perineoplasty,” and others of like technicality. Undoubtedly the general public, and the newspaper proprietors in particular, appreciate such intelligence as that displayed by the Fort Wayne reporters.

THE DECADENCE OF ANTI-STREPTOCOCCIC SERUM.—At a recent meeting of the Societe Obstetricale de France, Mace reported adversely as to the use of Marmorek's serum, and stated that its employment was rapidly being abandoned, a view that was endorsed by others present. The dissatisfaction of the Institute Pasteur was likewise mentioned, which, in itself, is the most deadly blow the remedy (?) has received. The report of the committee of the American Gynecological Society at its recent meeting was distinctly adverse.

In commenting upon this *Obstetrics* says that as a large majority of cases of puerperal sepsis are of mixed infection, it could scarcely be expected that a serum whose potentiality was limited (in theory) to the destruction of but one germ, the streptococcus, would prove successful. Because of the failure of Marmorek's serum we need not fear that serum therapy in this disease is unavailable. A successful serum will yet be discovered. We must believe that if there are anti-serums for one germ, there must be for all. From the day vaccination achieved success, the way has been pointed out along which the pioneers in germ therapy must move.

MICHIGAN'S NEW MEDICAL LAW.—After a long series of fruitless efforts and disappointed hopes, Michigan has at last been given a new medical law known as the Chandler Bill. The essential features of this law consist in the appointment of a State Board of

Registration in Medicine, in the rigid exactions from those engaged in the practice of medicine in the state, and in the penalties enforceable for non-compliance with the conditions of registration. The board is appointed by the Governor and consists of ten members, five of whom shall be from the regular school, two from the homeopathic school and one from the physio-medical school. These shall be appointed from a list of practitioners furnished by the incorporated state societies of each school. No member of said board shall belong to the faculty of any medical college or university, or shall be financially interested in the manufacture of drugs or the practice of pharmacy. It is the duty of the prosecuting attorneys of the respective counties to prosecute violations of the act. The use of the letters M. B. or M. D., or the titles Dr. or Doctor by any person, in a medical sense, to his name, shall be *prima facie* evidence of practicing medicine and surgery within the meaning of this act. No mention is made of so-called Christian Science, faith healing, etc., though the practice of osteopathy is exempt according to the law passed in 1897.

CHALLENGE TO CHRISTIAN SCIENTISTS.—There has recently appeared before a large Fort Wayne audience a so-called Christian science healer, who, among other things, said that there were no incurable diseases according to Christian science. As the statements of this Christian science healer were published extensively in the daily papers, Dr. A. P. Buchman, of Fort Wayne, deemed it proper for him to deny in general the truth of the statement and challenge any Christian science healer to cure by Christian science methods two well known cases of incurable disease which he might bring to them for that purpose. While any sensible person becomes indignant when hearing or seeing in print a statement that from experience and knowledge is known to be absolutely false, and while intelligent physicians are frequently not only indignant but disgusted with such illogical and dangerous teaching as that advocated in the Christian science lecture recently delivered in the city, it seems to us that the medical profession should be above discussions with impostors such as the one who made the statement alluded to. By giving the matter attention the Christian scientists are advertised all the more, and to many minds it might seem that by challenging the Christian scientists the regular physicians are feeling the effect of either the teaching, or competition if we may so call it, of these healers.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

THE INFLUENZA BACILLUS AND PNEUMONIA.—Dr. W. H. Smith (*Journal of the Boston Society of Medical Sciences*, May), as the result of researches in the clinical pathological laboratory of the Massachusetts General Hospital, arrives at the following conclusions: 1. Cases of pneumonia caused by the influenza bacillus may give few, if any, signs clinically of their presence beyond a moderate degree of fever and a few fine, moist rales, more or less circumscribed. 2. The influenza bacillus by itself is capable of producing pneumonia; however, the pneumococcus is frequently associated with the influenza bacillus in its production. 3. The type of the pneumonia is usually broncho, or lobular, frequently consisting of multiple foci, with a tendency to involvement of the lower lobe of the left lung. 4. Upon microscopic examination the exudate is composed largely of cells, chiefly of leucocytes. The amount of fibrin present in the exudate is small. Bacilli usually are present in large numbers inside of the leucocytes, both in the alveolar spaces and in the bronchi.

THE INDICATIONS, CONTRAINDICATIONS, AND DANGERS OF THYROID MEDICATION.—At a recent meeting of the Academy of Medicine of Paris, Francois Franck called attention to the dangers of thyroid medication, which he thought required us to be cautious in its use. He pointed out that coma, convulsions and death may follow a massive injection of thyroid juice into an animal, and that Ewald, Langendorff, Gley, Haskover, and others have testified to these poisonous properties; while Lanz has shown that it causes excessive acceleration of the heart, and Charrin that it caused rapid

emaciation. Dale James has shown that it is possible for it to cause glycosuria. All these symptoms have been developed in the lower animals, but in man vertigo, tachycardia, pain, and great feebleness have been produced, and even death has been caused from cardiac collapse. Two such cases have been reported by Murray, one by Thomson, and one by Vermerhen. While these facts do not prevent us from using thyroid gland, Francois Franck thinks it should make us very cautious about its employment; or in other words, the fact is recognized that all remedies possessing much power cannot be abused.—*Revue de Therapeutique Medico-Chirurgical*, Feb. 1, 1899.

THE CAUSES OF BRONCHITIS.—In this year's Lumleian lectures, delivered by Dr. Samuel Gee at Royal College of Physicians in London, the following closing remarks were made: "We have found it to be highly probable that most catarrhs are due to a specific infection, and they often depend upon contagion spreading from man to man. This doctrine has very important bearings upon medical practice. It leads us to believe that the means by which we may prevent catarrh are to be found in ventilation and cleanliness, if, indeed, ventilation be not a kind of cleanliness. Experience confirms this belief. When epidemic catarrh prevails, where do we find most of our patients? In those houses which are obviously the worst ventilated, even though they be the spacious houses of the rich. And where do our patients catch their catarrh? Either in houses of the kind which I have mentioned or in buildings where men most do congregate, especially in offices, shops, and churches. Large shops and stores, public museums and libraries, are ventilated as little as possible for fear of their contents being spoilt by smoke and dust. Many churches both in town and county are never properly aired for another reason—namely, because their architecture does not admit of it. Those rich windows which exclude the light do worse than this—they exclude fresh air. The revival of Gothic architecture has been, from the sanitary point of view, a great mistake. Our despised forefathers of the eighteenth century erected plain and simple buildings which could at least be well aired, well lighted, and kept warm and comfortable; nay, even the much ridiculed church warden, with his brush and pail of white-wash, was a praiseworthy minister of health. Modern dwellings are no better than the churches. In the matter of domestic sanita-

tion people have fixed their attention too exclusively upon the drainage and the water supply; light and air are not reckoned. Many of the large red-brick houses which have been built in great numbers at the west end of London and elsewhere during the last twenty-five years cannot be properly ventilated. The well of the staircase ought in every house to be a reservoir of pure air, and to have an independent supply without. But in many houses the staircase cannot be ventilated except through the rooms, and, in fact, it never is ventilated. Nor are the rooms themselves much better off; their heavily mullioned windows are designed with small regard to the transmission of light and air. The subsidiary and merely ornamental arts, which do no more than please the eye, are studied to the neglect of that far greater art which promotes the happiness and welfare of the whole man—the art of preserving health.”—*N. Y. Record*.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

LACTIC ACID IN LEUCORRHEA.—Dalche claims good results from the use of lactic acid with glycerine (3 per cent.) in leucorrhœa. It is used on cotton or wool tampons.

EFFECT OF ETHER ON THE KIDNEYS.—Dr. Coleman Kemp's recent report on his further researches into the effects of the different anesthetics upon the kidneys seems to leave no room for doubting that ether is harder on the kidneys than chloroform. Schleih's mixture and anesthol are more dangerous than ether.

ANTITETANIC SERUM.—Reports of cases are sufficiently numerous now to warrant the statement that antitetanic serum possesses no curative power. Now and again its use has been followed by a cure but not without the use of other remedies. Many cures have also been attributed to chloral, some to opium, and others to the various remedies more or less popular in the treatment of this

disease. There is good reason for believing that antitetanic serum, administered before the symptoms of tetanus manifest themselves, will prevent the disease. Perhaps it would be wise to use the serum in all cases of wounds contaminated with street and stable dirt and in all wounds produced by fire arms. Why tetanus should so often follow injuries due to Fourth of July explosives is an interesting and as yet unanswered question.

GALL STONES IN RIGHT LOBE OF LIVER, REMOVED BY LAPAROTOMY AND HEPATIC SECTION.—Under the above title Dr. H. W. Chapman, of White Hall, Ill., reports a very interesting case in the *International Journal of Surgery*, April, 1899. Without desiring to detract from the doctor's diagnostic skill, candor compels us to say that to the writer the case seems to have been one of cholecystostomy with a distended gall-bladder, the walls of which were hypertrophied. There are no facts to be gleaned from the report to contradict this view, save the doctor's statement that the "tumor was found to be the extreme right and anterior border of the right lobe of the liver, resembling in shape a kidney, but much larger, increasing rapidly in size upwards." On the other hand, the character of the fluid found in the tumor, the number of gall-stones, the subsequent discharges of bile in sufficient quantity to cause excoriation of the skin, the location of the tumor, the reopening of the fistula after it had once closed, together with the length of time (not definitely given, but flow said to have permanently ceased a "few days" after June 22, which would be about two months after the operation, which was made on the 30th of the preceding April) the flow of bile continued, are all strong points in favor of the case having been one of cholecystostomy. Our criticism will be at once withdrawn and we will agree with Dr. Chapman's diagnosis if he can assure us that he saw this woman's gall-bladder, otherwise a post-mortem examination, unless the woman is unfortunate enough to need another abdominal section, will be necessary to settle the question.

INTESTINAL OBSTRUCTION.—Every case of intestinal obstruction should be submitted to the care of a competent surgeon the moment it is even strongly suspected, as the surgeon alone can decide whether or not operation is advisable. The high mortality which attends surgical interference in these cases is not due to the

operation per se, for many cases have terminated fatally when the manipulations required to relieve the obstruction were of the simplest kind; and, on the other hand, many patients have recovered after the performance of a serious operation. Another explanation of the high mortality must be sought, and it may be attributed to general or local intoxication, which is traceable to the increased virulence of the microorganisms normally occupying the intestinal tract, a phenomenon that frequently follows over-distention of the gut. When the gut becomes over-distended, certain nutritive and circulatory changes take place in its walls. Ecchymosis and ulceration, perhaps perforation, follow, allowing the toxic products of the now virulent microorganisms to gain entrance, either into the circulation, producing general intoxication, or into the peritoneal cavity, with its inevitable result. In the treatment of these cases the indication is clear: the over-distention must be relieved, even if this involves the performance of enterostomy. If the patient's condition will not permit of a formal anastomosis, simple enterostomy should be performed under cocain anesthesia, thus emptying the bowel of its septic contents.

To the foregoing, taken from the *American Jour. of Surgery and Gynecology*, June, 1899, we would add that cathartics should never be administered when there is good reason to suspect intestinal obstruction. The majority of cases of intestinal obstruction die because the operation is delayed too long. The operation never kills, but delay does do so. A good operator can make a hundred exploratory laparotomies without a death from the operation, but he can not save two out of a hundred cases of acute obstruction by delayed operations. Better operate a hundred times and find no obstruction than delay too long in a single case where obstruction exists.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

PURULENT OPHTHALMIA TREATED BY POTASSIUM PERMANGANATE.—M. Viau recently presented to the French Society of Ophthalmology a case of purulent ophthalmia in the adult, cured by a ten per cent. solution of permanganate of potassium. The solution was applied twice daily on the palpebral conjunctiva and supplemented by hot poultices of rice starch.—*Abst., N. Y. Med. Jour.*

A NASAL POLYPUS WEIGHING AN OUNCE, AND THREE INCHES AND A QUARTER LONG, SPRINGING FROM THE SEPTUM NASI OF A CHILD OF TWELVE.—Dr. L. H. Gilham, in the *N. Y. Med. Jour.* of August 5th, reports a case in which a polypus, measured from the nasal to the pharyngeal extremities, was three inches and a quarter wide at the widest part, seven-eighths of an inch thick at the thickest part, and weighing, fresh, one ounce avoirdupois, which was removed from a girl twelve years of age. The lower end of the polypus was found protuding half an inch below the velum pendulum palati, and its attachment to the septum was by a pedicle the size of the little finger, which was also the pedicle for three other polypi of smaller dimensions. It was found impossible to remove the tumors by the usual method and manual avulsion was resorted to, the tumors being withdrawn through the mouth.

The interesting points of the case are: 1. The very large size of the polypus. 2. The age and sex of the patient—only twelve years old and a female. 3. Its origin from the septum nasi. 4. The removal by manual avulsion.

OPERATIVE TREATMENT IN HIGH DEGREES OF MYOPIA.—In an article upon this subject in the *Journal of the American Medical Association*, of July 15th, Dr. Allen T. Haight says that he has operated upon seven eyes, two by dissolution of the lens by needling, and five by discission and subsequent extraction of the soft lens without iridectomy, and upon this experience is decidedly in favor of the latter procedure for several reasons. 1. The length of time

required is in some cases less than one-third of that required by the first procedure, which is a very important point in your consideration of the patient. 2. There is less danger of adhesions forming between the iris and the zonula. 3. There is less danger of setting up a low grade of iridocyclitis from continued pressure of the lens substance on the ciliary body. In conclusion he says that he has obtained from his operations highly satisfactory results both to himself and to his patients, and he does not therefore hesitate to advise operation in cases where myopia exists twelve diopters in either eye, in patients between ten and thirty years of age, confidently expecting that he will materially improve the vision of by far the greater percentage operated upon.

NASAL STENOSIS; ITS EFFECT ON THE EAR.—In an article upon this subject in the *Philadelphia Polyclinic*, Dr. Randall says that the effect of nasal stenosis on the ear is frequently disastrous, in that it produces much discomfort and impairment of hearing without either the occurrence of any congestion or abnormality of the drum head or the obstruction of the tube-mouths by secretion or audition. Inflation is of but little use as the trouble quickly returns. The aural symptoms are due to an increase of the air pressure on the exterior of the drum head and a corresponding rarefaction on its interior surface. The effect of nasal stenosis is similar to that produced by swallowing when the nose is closed, the tympanum being emptied of much of its contained air and giving the patient an uncomfortable sensation of having the ear "stopped up."

As treatment Dr. Randall suggests the sponging of the nasal cavity with some solution such as that of menthol and camphor and insufflation of a small amount of calomel over the naso-mucal surface. This treatment he has found very satisfactory, but it must not be forgotten that other obstructive lesions requiring operative interference should be given proper attention.

MENSTRUATION BY THE EAR.—M. Lermoyez (*Presse Medicale*, July 15) recently reported to the *Societe Medicale des Hopitaux* the case of a young girl in whom menstruation had been established three years previously, the flow taking place from the right ear. Regularly every month, after a period of prodromes consisting of

headache and general lassitude, a flow of clear non-coaguable blood took place from the right ear, in which no pre-existing local lesion could be determined. After three years the ordinary genital discharge began to take place, gradually replacing that from the ear, which only occurred every two or three months. The author remarks that the nature of the auricular hemorrhage admitted of no doubt, being periodical, preceded by a regular local molimen, and the blood being non-coaguable. As to the ear, the blood came from the walls, the tympanum being intact. Hysteria would naturally be thought of, yet the patient showed none of the ordinary stigmata of that disease. The author, nevertheless, considered this auricular menstruation as in all probability of that nature, for on the side of the bleeding ear there was slight hyperaesthesia of the tympanum and auditory canal, as well as a certain degree of auditory anesthesia; and the coincidence of these symptoms is, according to the author, one of the best signs of auricular hysteria that we have.—*N. Y. Med. Jour.*

LARYNGEAL TUBERCULOSIS.—In an article upon this subject published in the July number of the *Chicago Clinic*, Dr. J. Homer Coulter concludes by saying that the prognosis will depend first, on the amount of forced feeding the patient can stand; second, on his general health at the time that the treatment is begun; third, on the extent of the infiltration; fourth, on the amount of dysphasia present; and fifth, on the effect the remedies exert in that particular case, as well as sixth, on the application of the proper remedy. The treatment must be either curative or palliative, more often the latter. There can be but little doubt, however, that if the case is seen in the initial stage before there has been any reinfection and while it is still well limited to accessible portions of the larynx, very much can be done by curettage and the application of proper remedies. A thorough cleansing of the larynx is of the greatest importance both in exact diagnosis and for the comfort of the patient. Dr. Coulter says that in his own experience he has not found any other remedy so frequently satisfactory as the local application of guaiacol, at the same time giving it internally. He recommends that the strength of the solution be much greater than that usually recommended, and in some instances has used it in full strength, training the throat through a number of treatments until the patient tolerated the treatment without difficulty or resistance. He

begins with a ten or twenty per cent. solution, gradually increasing to the point of toleration, using the pure solution at the last if possible. He believes that this remedy gives the most certain promise of healing the tubercular ulcerative processes in the larynx, but he also believes that it is incumbent upon us to treat the pulmonary condition elsewhere should it be present.

BOOK REVIEWS.

ELECTRO-HAEMOSTASIS IN OPERATIVE SURGERY.—By Alexander J. C. Skene, M. D., LL. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y., etc. New York. D. Appleton and Company, 1899.

This is a book of 169 pages of text, largely devoted to a description of the author's instruments, and the methods of using them in the various surgical operations, for the purpose of controlling hemorrhage. I say "largely" devoted to this subject, for treatment by the electro-cautery of anal fissure, hemorrhoids, and neoplasms of the skin and mucous membrane, together with several other diseases is also described. Two chapters also are devoted to asepsis and antisepsis in surgery. The illustrations, paper, type, and binding are first-class.

The work is well worth reading even though the reader may never adopt electro-haemostasis in his practice. P.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

ON CERTAIN DISEASES NOT DUE TO AUTOTOXICATION FROM THE INTESTINE.*

By DR. B. VANSWERINGEN, Professor.

It has been averred, time and time again, that the profession of medicine is prone to be influenced too greatly by an idea possessing more or less of intrinsic merit, and to a degree we are compelled to admit that this is true.

A new remedy is heralded to the medical world by an enterprising, but none too scrupulous, manufacturing chemist, in such positive tones and supported apparently by such incontrovertible testimony of usefulness in certain diseases, that it is taken up at once by a large part of the profession, in the full expectation of having its claims realized. And when it fails the reaction is baneful.

A new thought or a new fact is added to the etiology or pathology of a disease or group of diseases, and by some it is made the key which unlocks all the mysteries hitherto acknowledged concerning disease in general. It absorbs one's attention and energies, and like Banquo's ghost, it will not down. It takes possession of the intellect and dominates its processes while it reigns supreme. This is, of course, true of those engaged in all pursuits

* Read before the Allen County Medical Society, at Robison Park, May 27, 1899.

and it is also true, the more the pity, of those engaged in the practice of medicine. To *all* it applies in some degree and to many in a very great degree.

The work done in the recent past by such men as Vaughn, Novy and Bouchard and others, upon the chemistry of digestion has been productive of much good and I may say also that indirectly it has been productive of much harm. Much of it has added to the sum of knowledge that is already large and cannot grow to too great proportions but to whatever dimensions it ultimately attains it must be admitted that it does not constitute the sum-total of what is necessary for the intelligent treatment of all disease process or even of a very small part of all disorders.

Granting even, that if not recognized as a primary trouble in all cases, it must be allowed to be present as a complicating condition in many, it still must be limited to a comparatively few of the many sick.

Autotoxication of intestinal origin is not a frank, open enemy, according to its friends. It does not adopt the views of modern people with regard to honorable warfare. It delights in ambushes and occasionally uses grape and cannister. Its manifestations are protean. It presents no constant picture. It may, it is claimed, make itself known solely by "that tired feeling," and on the other hand violent vomiting, purging, collapse, and death may constitute the ensemble of symptoms which are to be named by this word. Between these two examples no end of variation exists.

The group of symptoms known as neurasthenia is held by some to be almost invariably due to autotoxication.

The same is true of hysteria and all functional nervous disorders.

It is said to be the principal causative agent in many cases of organic blood diseases, as progressive pernicious anaemia, chlorosis and leukaemia. It produces kidney and liver diseases in a very obvious way. It is the chief cause of stomachic and intestinal ailments, while to some minds that have been inoculated with the idea all headaches, and functional eye-troubles are looked upon merely as proofs of its operation.

It sometimes seems as if one could not mention a disease in which autotoxication is not regarded as a prominent factor in the case.

Now, let us realize that in order to have autotoxication in *any* case there must be either a defective digestion by which a greater variety or a greater quantity of toxic substances are formed than can be counteracted by the liver and eliminated by the kidneys and other eliminative organs, or, there is a defect in the action of the liver which fails to protect the organism from the toxic substances normally produced, or, there is a defective elimination of such toxic substances as are produced in a normal intestine and escape the action of the liver thus accumulating in the organism and manifesting their presence. Bouchard, on page 96, says: "We never observe accidents the outcome of intoxication with normal kidneys."

Autotoxication thus becomes a symptom on a par with jaundice, dropsy or fever. It is always secondary to some other disease or disorder.

Let us remember then that we have diseases of the stomach and intestines, which, while they may be complicated by the absorption of toxic products, are not due to it, and whose cure can not be accomplished solely by the treatment of this one symptom. Among them may be mentioned the various forms of gastritis, ulcer, carcinoma, stricture of the pylorus, and consequent dilatation, dilatation with its accompanying fermentation due to other causes, the disorders of secretion and of motor power.

Let us remember that we have acute and chronic inflammations of the intestine and colon, as well as duodenal and intestinal ulcerations of various kinds in which autotoxication plays only a secondary role.

That we have various diseases of the liver and bile passages, as syphilis, carcinoma, tuberculosis, leukemia, amyloid disease, as well as the cirrheses and acute and chronic inflammations of the bile passages all of which, with the possible exception of some instances of chronic inflammation, are not produced by autotoxication, but may present the effects of it during their progress.

The same is true of the pancreas. Any disease which interferes with the function of the pancreas, be it an inflammation or a neoplasm, will be followed by a set of symptoms such as are attributable to autotoxication.

Let us remember that chronic ulcerative phthisis is frequently ushered in by anaemic and dyspeptic symptoms.

In the matter of the primary anaemias whose etiology is at-

tributed lately to intestinal autotoxication, let us remember that if there is such a relationship such diseases are far too infrequent.

If constipation bears a direct causal relationship to chlorosis, as taught by Andrew Clark, how many are there who ought to be chlorotic and are not. If intestinal autotoxication is the chief cause of progressive pernicious anaemia, why is progressive pernicious anaemia such a rarity.

Autotoxication is not alluded to in Church's late work on Nervous Diseases in discussing the cause of neurasthenia or of hysteria.

There are a few other causes of headache, notably meningitis and cerebritis, neoplasms, eye-strain and other ocular disorders, ear diseases, migraine, reflex disturbances, and there are other intoxications which cause headache, as alcohol, chronic lead and arsenic poisoning and the poison of gout, rheumatism and syphilis.

Let us remember then that in the treatment of these various diseases our whole duty is not done when we address our efforts to the removal of this one symptom. The administration of anti-septics or the removal of a fermenting mass by the tube does not constitute the whole of the treatment of gastrectasia.

Let us therefore not pursue this "will o' the wisp" and forget that there are other and more important things for us to accomplish.

No diagnosis is complete that rests upon the discovery of this symptom and no treatment is thorough or lasting that is directed solely to the removal of this symptom.

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Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of August:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	1	0
Scarlet Fever ..	2	0
Measles .	0	0
Typhoid Fever	not rep	4
Tuberculosis	not rep	4
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	not rep	1
Total deaths from all causes.....		46

OPENING OF THE FORT WAYNE COLLEGE OF MEDICINE.

The twenty-first annual session of the Fort Wayne College of Medicine began on Wednesday, Sept. 6th, with an attendance which gives promise of being the largest throughout the year of any in the history of the college. With the adoption of the four years course the college, along with others who have increased their requirements, suffered somewhat from limitation in attendance, many students who would otherwise have acquired their medical education in Fort Wayne going to some of the other colleges having less requirements. It is particularly gratifying, however, that, in view of not only the exaction of attendance at an additional year's lectures but lengthening of the terms of requirements for admission, the classes have so materially increased. The students will also appreciate the improved condition of the college building, which has so recently been enlarged and newly refitted.

SANITARY CONDITIONS AT LAKE RESORTS.

There can be no doubt that many cases of typhoid fever, dysentery and other water-borne diseases occur in direct consequence of unsanitary conditions at many of the lake resorts at which people from the larger towns and cities spend from one to six or eight weeks during the heated term. Some cases of typhoid fever occurring during the Fall at places like Indianapolis, Evansville and Fort Wayne have been directly traced to impure water drunk at some of the summer resorts within the boundaries of the state.

Secretary Hurty, of the State Board of Health, who is indefatigable in his efforts to improve the sanitary conditions in every locality throughout Indiana, has recently spent considerable time in looking up the sanitary conditions of the various resorts, and reports that in most of the places visited there is much need of sanitary improvement.

At Rome City, where many Fort Wayne people congregate annually for a summer outing, Dr. Hurty found a most deplorable condition of affairs, and in a public lecture delivered upon the island he plainly and forcibly informed the cottagers and residents that a general cleaning up was demanded or the resort would suffer from the effects of an epidemic of typhoid fever. It is to be hoped that the recommendations of Dr. Hurty will take effect, and

that the resorters will appreciate the efforts of the State Board of Health in their desire to prevent such wide-spread disease as usually follows a summer sojourn at the more popular lake resorts throughout the State.

CONSISTENCY.

Our text may be found in the September number of the *Medical Mirror*. On page 460 occurs the following:

“Among other things for which Indianapolis is noted is its *State Medical Journal* owned by the profession of the state and most ably edited by the scholarly Dr. A. W. Brayton, indeed one of America’s best medical editors.”

On page 473 the following is found:

“To the serious trio the goulish Gould, the braying Brayton, and the little boy from Cleveland, I commend the sentiment of Joe Miller; ‘The gravest beast is an ass, and the gravest man a fool.’”

We had intended sermonizing on the subject of consistency, but on a further perusal of the same number of the “*Mirror*” we are of the opinion that our desire to sermonize is due rather to the fact that the bread we ate for dinner was not made with the “one baking powder demonstrated to be pure, healthful and free from alum,” than to a desire to help our fellowmen, and have therefore concluded not to further inflict our readers with a consideration of this topic. Anyhow—“What’s the use?” P.

THE VALUE OF ARTIFICIAL ICE IN MEDICINE.

The value of ice for medicinal purposes is the subject of an article recently appearing in the *London Therapist*, which gives occasion to note that the use of ice should not be limited to its employment in cold storage apartments, with occasional use in other directions, but that its general usefulness in medicine and sanitary science should be more fully recognized. For medicinal purposes ice made from pure distilled and sterilized water is the only kind that is safe, but as artificial ice plants are now quite numerous in nearly every portion of the country but little difficulty will be encountered in obtaining a product that is free from impurities.

The internal administration of ice is indicated in hemorrhage, and in hemorrhage from gastric ulcers this treatment will be found more quickly efficacious than any other, while in acute gastritis and

in the hemorrhage from pulmonary tuberculosis its value has long been recognized. In fever and high temperature ice both internally and externally is of the highest value, and as an external application in concussion of the brain, sun-stroke and traumatic lesions of the eye or other organs of the body it constitutes the treatment par excellence. The ice-bag as an application in pneumonia has been found more useful than poultices.. Ice-bags to the spine for relief of sea-sickness have been recommended, and the internal use of ice frequently relieves obstinate vomiting.

The way in which cold applications are usually employed is absolutely ridiculous. In ten minutes the application is warm and so continues until the nurse chooses to renew its application. To be of service the application should be applied in the form of an ice pack with frequent renewal of ice.

The use of ice water, iced drinks and artificial ices, strawberry, chocolate, lemon, etc., is of the greatest value from a hygienic and dietetic point of view, in hot weather, provided that artificial ice is used. These cooling drinks and refreshments are also beneficial and grateful to many fever stricken patients.

The beneficial effects of ice in inflammation are due to the constringing effect upon the arterioles, thus diminishing the blood supply and curtailing the inflammation. It also acts as an antiseptic.

In tropical climates, with tropical temperatures, refrigeration is of the highest and most vital importance from a sanitary point of view, and its value in this direction has been strangely overlooked and neglected not only in this country but elsewhere. In winter we have elaborate heating arrangements by means of steam pipes, hot air and hot water pipes in our large buildings, churches, halls, theatres, hospitals, etc., whereas in summer there is little or no provision for the converse process of artificial cooling, although the same utensils used to warm our buildings in winter could in many instances be used, if filled with crushed ice, as coolers in summer. The cooling of rooms, halls, restaurants, offices, fruit and flower shops by means of ornamental vases open at the top and filled with ice, with a valve at the bottom for the escape of water, refilled with crushed ice whenever necessary, and placed in convenient nooks, would give no trouble whatever.

The expense of maintaining a cooling system for hospitals, public buildings, etc., during the excessive hot weather would not be an item of much consideration inasmuch as ice can now be manu-

factured by the Holden system at a total cost of but fifty cents per ton.

The subject is one deserving more consideration with a view to the more extended use of ice as a medicinal, sanitary and dietetic agent.

NEWS NOTES AND COMMENTS

DR. CARL SCHILLING GOES ABROAD.—On Saturday, Sept. 2, Dr. Carl Schilling, with wife and two daughters, left for a year's residence in Germany, where he goes to take post graduate courses in some of the universities of Vienna and Berlin. Dr. Schilling's aged father and mother live in the vicinity of Berlin and he will pay them a visit, the first in ten years.

TO CHECK HEMORRHAGE.—Chlorid of calcium, in doses of eight to sixteen grains, every two to four hours, should be tried in all forms of persistent hemorrhage, especially hemoptysis, hematuris, and intestinal hemorrhage of typhoid fever, for this salt increases the coagulability of the blood. It should be remembered, however, that this drug should not be used more than three days continuously, for its prolonged use decreases the coagulability of the blood.

DEATH OF DR. MAX THORNER.—Dr. Max Thorner, one of the foremost laryngologists in Cincinnati, was found dead in his bath room on August 27th, death having resulted from disease of the heart. Dr. Thorner was thirty-nine years of age, and was a graduate of the University of Munich, class of 1884. He was Professor of Laryngology in the Cincinnati College of Medicine and Surgery, and was a member of the leading laryngological associations of this country.

GARGLING IN HICCUGH.—Dr. Laura M. Plantz, in the *Journal of Medicine and Science*, says that gargling the throat in cases of persistent hiccough is unfailing as a remedial procedure. It seems to make no special difference whether cold water is used

or some medicated solution, the act of gargling being the one essential thing. The relief of the spasm is probably to be explained by the fact that the gargling sets up a reflex action in a new direction and the spasmodic action of the diaphragm ceases.

A MIRACULOUS CHRISTIAN SCIENCE CURE.—According to the *Alabama Medical Journal* an old woman, giving testimony at a meeting of Christian Scientists, said that she knew a man in Texas who had spilled acid in his eyes, causing complete loss of sight of both eyes, the injury being considered sufficiently severe for removal of both eye-balls by surgeons. The owner of the eyeless sockets became a believer in Christian Science, and by means of prayer new eye-balls grew and now the man can see as well as anyone.

DANGER OF FOOD PRESERVATIVES.—The practice of using preservatives for certain kinds of food has been recognized by the English authorities as a source of danger to the health of the community, and the town councils of England are now vigorously prosecuting milk venders and other dealers in food products for using boracic acid and other analogous preservatives proven by analysis to be detrimental. This is an excellent example and one that may be followed with profit by legislators in all countries.

AUTOMOBILES FOR THE MEDICAL PROFESSION.—Several enterprising manufacturers have, with commendable enterprise, begun advertising automobiles to the medical profession. It is recognized that physicians above all others have use for safe, reliable, comfortable and speedy means of locomotion, and in catering to the needs of the physician the manufacturers of automobiles will probably reap a rich reward. It is now in order for medical journals to solicit a share of the advertising patronage from automobile manufacturers.

A SANATORIUM FOR CONSUMPTIVES IN FORT WAYNE.—The Poor Hand-Maids of Christ, a Catholic order connected with the St. Joseph Hospital of Fort Wayne, have recently purchased what is known as the Orff homestead, just outside of the city limits of Fort Wayne, for the purpose of establishing a home for incurable consumptives. The property is admirably adapted to the pur-

pose and it is expected that much good will be accomplished from separating individuals suffering from consumption from those who are not affected.

COMPULSORY NOTIFICATION OF TUBERCULOSIS.—The Michigan Legislature at its recent session passed an act requiring physicians to report to the health office all cases of pulmonary tuberculosis, classing the disease as contagious. Physicians very generally refuse to obey the law and the health board had a warrant issued against Dr. E. L. Shurly, of Detroit, in order that a test case might be tried. The trial ended with Dr. Shurly being found guilty and fined fifty dollars and costs. The case will be carried to the Supreme Court for final action.

CHRISTIAN SCIENCE IN CHICAGO.—For several weeks a large number of Christian Science healers, headed by one named Dowie, have been creating much excitement in and about Chicago by their reported miraculous cures (?) of the sick and afflicted. Quite recently some of the leaders have been arrested and fined in consequence of several deaths occurring at their so-called institutions as a direct result of neglect of medical treatment. From a recent number of the *Medical Record* we learn that an association has been formed in Chicago for instituting legal proceedings against these pretenders and imposters.

ANTIDOTE TO CARBOLIC ACID.—Dr. Wendell C. Phillips, in the *Medical Record*, substantiates the statement of Dr. Seneca D. Powell regarding the antidotal effect of alcohol in carbolic acid poisoning. A ninety-five per cent. solution of crystals of carbolic acid can be rubbed freely on the hands and allowed to remain for a few seconds without any unpleasant effect from it if the hands are then rinsed with alcohol. Alcohol has been used successfully in three cases of carbolic acid poisoning by giving it internally. The use of alcohol following carbolic acid cauterizations is recommended to prevent systemic effects.

AN OFFICE THIEF.—Many medical journals are at the present warning physicians throughout the various cities of the United States regarding the work of a band of thieves who have successfully operated among physicians' offices in some of the eastern

cities. A thief calls at the office, sees the doctor and gives him an address where a patient is said to be suffering. After the victim has gone off on his errand of mercy the man returns and says he will wait for the doctor's return. The servant having seen him before regards him as a regular patient and admits him, and he selects what articles he regards most valuable and most portable and decamps.

COMPULSORY VACCINATION IN NEW YORK.—New York has a compulsory vaccination law which provides for vaccination of all school children prior to their entrance in any of the schools of the State. Complaint has been made to the State Board of Health by the health department of New York City that much difficulty is experienced in having the law obeyed, but the State Board insists that the law shall be followed in every particular or otherwise the public schools will be closed. Boards of education now have the opportunity of either opening the schools at the usual time by insisting upon compliance with the compulsory vaccination clause, or being compelled to close the schools until the act can be enforced.

CHANGE OF OWNERSHIP OF THE FRENCH LICK SPRINGS.—According to the *Louisville Medical Monthly* the famous French Lick Springs, of Indiana, have passed under the control of Mr. Frank A. Henry, of the Henry Pharmacal Company, of Louisville, Ky., who intends to bring the strong saline sulphur water "Pluto" to the attention of the medical profession. Mr. Henry says it is too often the case that the therapeutic value of American mineral springs has been lost under the guise of fashion and summer recreation, and that it is his intention to bring the merits of Pluto Springs to the attention of the medical profession through the medical press, as being America's greatest aperient, and to show the resort compares most favorably with the most famous of similar establishments abroad.

A CASE MANIFESTING EXTRAORDINARILY HIGH TEMPERATURE.—Dr. R. B. Christian, of Little Rock, Ark., reports in the *Medical Record* a case of cerebro-spinal meningitis in which unusually high temperatures are recorded. The temperature was carefully and frequently observed and verified by the use of five thermometers,

three of which were broken when the excessive heat would have forced the column of mercury higher than the capacity of the instrument would allow. For a period of three weeks and a half, daily records of which are given, the temperature varied from 108 degrees to 118 degrees. At times the temperature never rose above 107. For ten days prior to death the patient was in a state of deep stupor. The disease was without complication and was confined to the encephalon alone.

FIFTY CASES OF ECLAMPSIA.—During the period between 1894 to 1898 inclusive, the Cologne School for the Instruction of Midwives had fifty cases of eclampsia out of a total number of 4,250 births. Albumenuria was invariably present, with or without anuria. Upon section the usual renal lesions of necrosis of the liver were prominent. In every one of the fifty cases the vertex presented, even in six cases of twins. This finding appears to harmonize with Lohlein's pressure theory of eclampsia. In no case did autopsy reveal any ureteral lesion. More cases of eclampsia occurred in the Spring and Fall, owing to the weather influences then predominant, which tend to cause nephritis. Nothing new regarding the treatment is advocated. The maternal mortality was 24 per cent. and foetal mortality 49 per cent.

LIQUIFIED AIR IN MEDICINE.—Many physicians are now experimenting with liquified air, believing it to be of value in medicine. It has already been tried with excellent results as an application in migratory erysipelas, and sloughing ulcers which have proved intractable to other treatment. It is thought that the intense cold freezes the bacteria without producing appreciable harm to the living tissue, and we may possibly find it a controlling power in the treatment of leprosy, a disease which has thus far baffled the world. As a clean caustic it has no equal, and as a cooling agent in the sick room it will eventually replace the ice bag and ice coils. During the stages of investigation the utmost care and caution will be required owing to the power of the agent and its capability of producing great harm in unskillful hands.

TO KEEP THE HANDS WHITE AND SOFT.—In these days of asepsis the hands of the physician, and especially of the surgeon

suffer greatly from frequent scrubblings and immersions in anti-septic solutions. A preparation that will keep the hands white and soft and that will not at the same time be inelegant to use, is always in demand. The following formula will be found to be one of the best ever proposed for this purpose:

R. Ol. Rosae.....gtt. xv.
Glycerin.....5 i
Spts. myrciae.....5 iii
Ol. cajuput.....gtt. xx

M. Apply at night before retiring, first washing the hands thoroughly in hot water. In cold weather this can also be applied to the hands before going out.—*Jour. Am. Med. Asso*

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The twenty-fifth annual meeting of the Mississippi Valley Medical Association will be held in Chicago October 3, 4, 5 and 6. Elaborate arrangements have been made for the entertainment of the members, and a special feature will be a series of clinics in every department of medicine and surgery given in honor of the Association, at all of the colleges and hospitals. The address in Medicine will be delivered by Dr. J. A. Witherspoon, of Nashville, Tenn., the address in Surgery by Dr. H. H. Mudd, of St. Louis. There will be two sections, a medical and surgical, and the program for each is already overcrowded with a large list of papers upon interesting topics. A one fare round trip railroad rate has been secured, granted on account of the Autumn festival which will be held in Chicago at the same time, and a large attendance is therefore expected.

NOBLE COUNTY MEDICAL SOCIETY.—The regular quarterly meeting of the Noble County Medical Society was held in the parlors of the Ryer House at Kendallville, Indiana, on Tuesday, September 5th, under the presidency of Dr. W. F. Carver, of Albion. The session opened with songs by the charming daughter of Dr. J. L. Gilbert, of Kendallville, and by Dr. W. F. Carver. The following papers were read and thoroughly discussed: "Biological Examination of Potable Water," Frank R. Eldred, Ph. D., Ligonier; "Some General Remarks on the Diagnosis and Treatment of Serious Eye Diseases," Dr. Albert E. Bulson, Jr., Fort Wayne; "Convulsions in Infancy and Childhood," Dr. W. T. Greene, Al-

bion. The visiting members to the number of twenty or more were entertained by the Kendallville fraternity. The next meeting of the society is to be held at Ligonier in January.

WOUNDS OF THE BLADDER.—In an article upon this subject in the *Journal of the American Medical Association* by Dr. F. H. Wiggin, he says that while accidental wounds of the bladder, occurring in the course of operations, are to be deplored and guarded against by every possible means, when they do occur the knowledge of their existence is of the utmost importance, for as soon as discovered they must be treated much in the same manner as simple incisions in any other part of the body.

Before operations on the pelvic organs are begun, and after the administration of the anesthetic, the surgeon should himself empty the patient's bladder by means of the catheter. During the operation it is of great importance, when breaking up adhesions and removing tumors, or separating the bladder from the interior vaginal wall and uterus, to be certain whether or not the bladder has been injured, and this can be determined by the injection of a saline solution. Catgut is undoubtedly the best material for suturing the bladder wall, and no harm will result in case the suture is passed through the mucous lining of the bladder. The large proportion of all fatal cases of rupture of the bladder that have been operated upon, die from faulty suturing.

MICROBES IN MILK.—In discussing the question of milk infection the editor of the *Journal of the American Medical Association* calls attention to the experiments of Mr. Archibold Ward, who not only made cultures from milk drawn under antiseptic precautions, but of the milk from the remoter glandular tissues of the udder, the samples being taken under due precautions immediately after slaughtering the animals. In the cultures thus obtained it was found that some organisms frequently occurred in the fore milk, and in each of the three parts of the udder, and that in all of the six apparently healthy cows thus examined there were found bacteria in the depths of the milk secreting tissue. Most of the pure cultures were found to apply to some one of three species of micrococci, and it is therefore concluded that these organisms are pretty constant inhabitants, and if reduced in number by one milking enough are left to produce the original abundance before an-

other. In one cow Ward found a streptococcus persistently present, and in another a culture of bacillus protigiosus introduced into the milk cistern was detectable for six days. The practical bearing of these findings is obvious. If normal milk is never sterile it is quite possible that it may not always contain only innocuous species.

SANARELLI'S AUTOBIOGRAPHY.—One of the enterprising New York dailies had in one of its recent Sunday editions a history of the alleged discoverer of the yellow fever bacillus written by the discoverer himself, Sanarelli. Commenting upon the article as it appeared, the editor of the *Journal of the American Medical Association* says that it is hard to believe that anyone, much less a true scientist, would write in such a self-laudatory style, and concludes as follows:

“The whole article reads so much like the writings of a quack that we feel loath to believe that it is really printed as Sanarelli wrote it. The big ‘I’ and little ‘u,’ the self-praise, the conceited references to his own work, not only in the investigation of yellow fever—for he claims to have revolutionized the views held as to the etiology and pathogenesis of other diseases, especially typhoid—and the sneering supercilious manner in which he alludes to others, make one feel like pitying him. If a young man only 34 years old had accomplished all and more than Sanarelli claims to have accomplished he could only lower his reputation by such self-praise. Allowing for a certain foreign ignorance of American ideas of propriety, this effusion still leaves behind it a rather unpleasant impression of his personality.”

MICHIGAN'S LAW REGARDING THE MARRIAGE OF SYPHILITICS AND GONORRHOEICS.—A law recently enacted in Michigan classes with idiots and insane those suffering from uncured syphilis and gonorrhoea as incapable of marriage. They are not reckoned with idiots and insane as regards responsibility, for it provides that “any person who has been afflicted with syphilis or gonorrhoea and has not been cured of the same, who shall marry shall be deemed guilty of a felony, and upon conviction thereof in any court of competent jurisdiction, shall be punished by a fine of not less than \$500 or more than \$1,000, or imprisonment in the State Prison at Jackson not more than five years, or by both such

fine and imprisonment in the discretion of the court." The law also provides that the wife can testify against her husband, and vice versa, and removes the privilege of medical secrecy in proceedings for this cause. The enforcement of this law will be noted with interest, and it is possible some important new medico-legal question may arise; the questions of the curability and the evidence of cure of these disorders may come up in the courts. Considering the frequency of these disorders, especially gonorrhoea, it would seem possible that there is danger of a serious diminution in the number of marriages as a result of such law, and also that it may afford possibilities of blackmail and inconvenient family complications. On the other hand, if it will tend to improve morality and diminish the undeserved suffering that these diseases so often entail, one can only wish the new law success.—*Journal of the American Medical Association.*

OPEN AIR TREATMENT OF PHTHISIS.—So much is now being said regarding climato-therapy and its beneficial effects in the treatment of consumption, that the report of the open air treatment of phthisis as conducted in the "abominable climate of Edinburgh" will be of interest. Dr. R. W. Philip, of Edinburgh (editorial, *Journal of the American Medical Association*) gives a tabulated statement of the number of hours each of his patients spent in the open air during a particularly inclement period of the year, February, March and April. During the first two months there were only six days when there were over seven hours of sunshine, and less than a quarter of the time when there were only five. Yet the patients were able to spend an average of at least five or six hours daily in the open air or lie in bed at an open window, as was done in one or two instances.

The results were certainly remarkable. Improvement apparent within a week, increased appetite and better digestion, phenomenal gain in weight, disappearance of cough, lessened expectoration, cessation of night sweats, improved circulation, reduction of body temperature, all are reported.

Reports of this character coming from other reputable men of the British Islands leads us to believe that even comparatively unfavorable surroundings are no sufficient bar to the care and cure of consumptives. If cures can be brought about by three or four months open air treatment in a reasonably healthy country district,

it is reasonable to suppose that in no part of the country can it be said that the proper treatment of phthisis is climatically beyond the reach of any patient, be he ever so poor.

WORTHY OF PATRONAGE.—The attention of our readers is especially called to several new advertisements that appear in this issue. The Herman Berghoff Brewing Company, one of the oldest established breweries in the State of Indiana, are advertising their malt and hop tonic to the medical profession. Samples will be furnished physicians upon application. W. A. Braun, an experienced electrician, is offering everything in the line of batteries and electrical apparatus for physicians' use. He is also bidding for all kinds of repair work in this connection. Dr. Luella Derbyshire calls attention to her maternity hospital, recently established and under her personal supervision. She has all of the advantages and requirements of a first-class lying-in hospital. Mr. G. W. Mann, formerly of Battle Creek Sanitarium, announces to physicians that he is prepared to give any and all kinds of baths, massage and electrical treatment.

We also wish our readers to remember our regular advertisers, such as the well-known firm of Parke, Davis & Co., whose pharmaceutical products have a world-wide reputation; the Vass Chemical Co., of Danbury, Conn., who are now pushing their new preparation, Thyalion, for acute rheumatism; the Od Chemical Co., of New York, who advertise the well-known Sanmetto; the Bovine Company who advocate haemotherapy; Mr. Fellows, originator and manufacturer of Syrup of Hypophosphites Compound; W. D. Allison & Co., manufacturers of physicians' tables and chairs; Battle Co., originators and manufacturers of a large number of valuable therapeutic specialties; Rio Chemical Co., manufacturers of pharmaceutical specialties; M. J. Breitenbach & Co., agents for Gude's Pepto-Mangan; Dr. Sterne, advertising his sanatorium for nervous diseases at Indianapolis; the Huntington Manufacturing Co., advertising the Pioneer bicycle; Hope Hospital, calling attention to an up-to-date institution with all modern appliances; and the Fort Wayne College of Medicine, giving announcement of the coming session and other interesting information regarding the college.

We would be pleased to have our readers give these firms a share of patronage, and mention the *Journal-Magazine* when writing.

FOREIGN BODY IN A BRONCHUS—OPERATION AND RECOVERY.

—At a recent meeting of the Chicago Society of Internal Medicine, Dr. Joseph M. Patton reported an interesting case in which a young man, while eating a plate of soup, had the misfortune to suck a small piece of bone into the trachea and right bronchus, where it remained for eighteen months before it was finally removed through the medium of operative procedures. At no time prior to the operation was he confined to bed, though he suffered from cough, purulent expectoration, increased temperature and loss of flesh and strength.

The patient did not know that a foreign body had lodged in the lungs, and an X-ray picture of the chest, while clearly disclosing a pleuritic effusion in the right pleural cavity, did not give any indication that a foreign body was in the bronchus. The lung was explored with an aspiration needle in a number of different places, without striking a foreign body or without obtaining any secretion, fluid or pus. The lung was then opened in three different directions with the actual cautery to a depth of two or three inches, opening into a large bronchus. The wound was drained with a tube for a week, after which the opening was allowed to close and the patient showed signs of improvement for several weeks, when it was noticed that the lower lobe of the lung posteriorly was dull and that there was no air getting into it, it evidently being in a state of collapse. Following this there developed marked tubular breathing of a cavernous type, and well marked pectoriloquy just below the lower angle of the right scapula. These signs were accompanied by a temperature of hectic type, and by an increase in the amount and fetid character of the sputum. It was thought that these symptoms might be due to the development of an abscess in the posterior portion of the lower lobe of the lung, and accordingly an operation in this locality was undertaken, a resection in the region of the eighth rib just below the lower angle of the scapula being performed.

The lung was opened with the actual cautery, a free opening into the posterior bronchus being made and a tube inserted. On the following morning, during a severe coughing spell, a piece of bone, (a vertebra from the neck of a chicken) was expelled through the tube. The tube was kept in for about a week, after which the opening was allowed to close. Recovery was uninterrupted.

and the patient at the present time is at work and reports himself feeling practically as well as he ever did.

In reporting the case Dr. Patton says that if it is known that there is a foreign body in the bronchus, there is no hope through letting the case alone, as there is nothing to be gained by waiting. The danger from the presence of these foreign bodies is from pneumonia and collapse of the lung, secondary pneumonia, and bronchiectasis.

AN ESTIMATE OF THE LATE MR. LAWSON TAIT.—In an editorial in the *American Journal of Surgery and Gynecology*, Dr. Emory Lanphear has the following to say regarding the great abdominal surgeon, Mr. Lawson Tait, who died at his home in Birmingham, Eng., June 13th.

"In the death of Mr. Lawson Tait, of Birmingham, England, the world loses its greatest abdominal surgeon. Whatever his enemies (and they were numerous) may say, his successes were the most remarkable and his skill the most apparent of any operator of the present day. It is to be regretted that a man of such extraordinary attainments should have died at the early age of fifty-five. His death was not unexpected, however. In a letter to the editor of this journal, written not a month ago, he expressed the opinion that he had finished his work, as he was suffering so greatly from stone in the kidney that he was already practically incapacitated; that the implication of the other kidney was more than suspected—thus giving but little, if any, hope for relief by operation; and that his days were numbered. His fears were no doubt realized, though press dispatches give no intimation of the immediate cause of death.

"There are many who have said that Mr. Tait was dishonest in his claims for almost zero mortality in his late abdominal work, and about the immense number of cases operated upon; but they were strangers—or enemies—not familiar with his methods or his work. To us who knew him well, who were familiar with his methods and his skill, no results were too good to be true. The mere fact that in a provincial town like Birmingham (still provincial in spite of a population close upon a million souls) he was able to attract a larger clientele than was ever secured by any London surgeon, speaks in unanswerable terms against those who so bitterly fought him. It is needless to say that his reputation was

world-wide; wherever abdominal surgery has been practiced the name of Lawson Tait is a familiar one.

“Mr. Tait was the great apostle of aseptic in contradistinction to antiseptic surgery. The bitter foe of Lord Lister, he never for one moment approached anything which savored of “Listerism;” while admitting the germ theory of wound infection he constantly and stoutly maintained that safety in operating lies in absolute, perfect, surgical cleanness—not in chemical purification. The teachings of this master have, in this regard, been disastrous; whatever he may have been morally, from a physical standpoint he was an extremely clean man, careful in every detail which insured ideal cleanliness; so that when he had completed his toilet preparatory to an operation he was, as a result of much scrubbing, as thoroughly cleaned as would be the average man after a long and tedious preparation which included hand-sterilization by the now-approved chemical solutions. To the uninitiated, therefore, it appeared that this more than wonderful surgeon was careless regarding dirt and possibility of infecting wounds which he made; and seeing his remarkable results one would naturally infer that the extreme antiseptic methods of other operators were wholly unnecessary, and, attempting to follow his plan, would have numerous and often frightful mortality from septic infections.

“Another element of success in the work of Mr. Tait was his almost incredible rapidity. With a two-inch incision in the belly-wall he would enucleate pus-tubes of immense size and appalling adhesions and have the woman in bed almost before the average surgeon would have had the pelvic organs exposed—thus preventing infection from long exposure of peritoneal surfaces—an element of danger never to be forgotten, especially by careless or dirty operators. To his rapid work, then, and to his personal cleanliness, did Mr. Tait owe most of his success. Others, viewing his work superficially, were tempted to try the same methods—and most of them failed, though here and there may be found a brilliant exception, as Joseph Price, of Philadelphia. Fortunately most of his pupils recognized the dangers of the ‘Tait method’ and adopted modern (and proper) means for securing perfect asepsis by the use of antiseptic agents in preparing the hands and field of operation. Some of them—like his favorite, McMurtry, of Louisville—were open in their revolt against the ‘soap and water method’ of the ‘Tait school’ and bold in championing the use of chemical agents

(such as permanganate of potash and oxalic acid solutions, bichloride of mercury, etc.); and called forth vigorous articles from the always-ready pen of Mr. Tait—as readers of this journal will recall who enjoyed Dr. McMurtry's article on 'The Aseptic Technique' and Mr. Tait's reply to it.

"But in spite of Mr. Tait's continued fight against 'Listerism,' as he termed antiseptic agents and their use, and in favor of perfect, surgical cleanliness as secured by soap, water, brush and 'elbow-grease' (he advocated scrubbing for twenty minutes before making an abdominal section which might require but ten), he recognized at last the impossibility of impressing the average 'globe-trotting surgeon,' or would-be-surgeon, with the importance of thorough cleanness and rapidity of work by merely talking and allowing the visitor to witness a few operations and then run on to some other surgeon; and so to protect himself from unjust criticism and poor, unfortunate women from the attacks of blind, zealous, ambitious men who would be misled by his apparent simplicity of methods, he finally refused to allow visitors (and especially Americans) to witness his operations. A six months' course or nothing became his rule for men who sought to learn—only men of great experience and reputation were thereafter admitted to merely view a few operations.

"In this course the great surgeon acted wisely. While it caused him to be adversely critized by those who run from clinic to clinic, hoping to 'do' all the great hospitals of Europe in a six weeks' trip, it undoubtedly did much to preserve human life by preventing 'globe-trotters' from drawing wrong conclusions from their superficial observation of his work. It undoubtedly caused animosity against him on the part of those he turned away, but the students of Tait who knew and appreciated him at his true worth will ever feel that it was right. To these men—and there are many—in every part of the world, the death of Tait means the loss of a personal friend. For while he had enemies in great number his friends were equally numerous, and were devotedly attached to him; there are brilliant leaders in abdominal surgery in every clime who were proud to call him Master—Friend; these will never forget his many favors, his many good deeds, and his unswerving fidelity to science as well as his vigorous, manly way of treating even his most bitter enemies with open opposition. It is to be hoped that the latter will be content to let the mantle of oblivion fall upon his faults—for like all great men he was not without them."

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

FREQUENCY OF SECONDARY SEPTICAEMIA IN COURSE OF PULMONARY INFECTION.—As a result of a clinical and bacteriologic investigation, Beco (in *Revue de Medicine, Journal of American Medical Association*) concludes that frank pneumonia is a primary infection of the lung. The pneumococcus, thriving in the respiratory passages exerts its influence on the organism by intoxication, which suffices in a considerable number of fatal cases to bring about the fatal issue. Sometimes the micro-organism, setting out from the primary focus, multiplies secondarily in the blood stream, and induces a fatal septicaemia. From a practical point of view the presence of the pneumococcus in the blood of a pneumoniatic patient implies a variable prognosis, according as the microbe undergoes multiplication or not. In the latter event it is of little significance from the prognostic point of view, whereas in the former it constitutes a sign of great gravity. Lobar pneumonia may result from infection of the lung by the pneumobacillus of Friedlander.

VEGETABLE AND FRUIT DIET.—The hygienic value of fruits and vegetables in the general dietary of people in health seems to be only partly recognized, as is evidenced by the large variety of meats on our ordinary bills of fare and the quantity served, as compared with that of vegetables. The albumins have long been considered the ideal foods of a highly nutritive diet, and their value is undoubtedly great, but it is now a well-known scientific fact that an even greater amount of starchy food is essential to the nutrition and development of the body. But besides this, our body has

need of certain mineral salts, in small quantities, it is true, but still the demand is imperative, and the supply of potassium, sodium, calcium, and other salts, and of iron, phosphoric acid, phosphates, etc., must be furnished, and is best furnished by a diet containing an abundance of fresh vegetables. We are not aware that anyone has given a complete explanation of the way in which fresh fruits act to prevent scurvy, but the fact is too well known to need mention, as well as the favorable influence of many fruits in preventing constipation and aiding digestion. The special value of certain vegetables is now becoming generally known; for example the action of celery and lettuce on the nervous system, the easily assimilated small quantity of iron contained in spinach, the slightly stimulating effect of asparagus on the kidneys, and so on almost ad infinitum. These effects are no doubt too slight to be of any great value in treating pathologic conditions, but still sufficient to be of decided value in maintaining the healthy balance. We have no desire to take sides either for or against vegetarianism, but we believe that an increase of the number of well cooked vegetables on our bills of fare to that usually found on European menus would add not only to the pleasure of eating, but to the health of the eaters.—*Phil. Med. Journal*, Aug. 26, 1899.

ORGANISM OF YELLOW FEVER.—In an abstract in *N. Y. Med. Journal*, August 26, 1899.—The commission of medical officers, Marine Hospital service, detailed by authority of the president to investigate the cause of yellow fever give following conclusions:

1. That the micro-organism discovered by Professor Giuseppe Sanarelli, of the University of Bologna, Italy, and by him named "Bacillus icteroides," is the cause of yellow fever.
2. That yellow fever is naturally infectious to certain animals, the degree varying with the species; that in some rodents local infection is very quickly followed by blood infection; and that, while in dogs and rabbits there is no evidence of this subsequent invasion of the blood, monkeys react to the infection the same as man.
3. That infection takes place by way of respiratory tract, the primary colonization in this tract giving rise to the earlier manifestations of the disease.
4. That in many cases of the disease, probably a majority, the primary infection, or colonization in the lungs, is followed by a "secondary infection," or a secondary colonization of this organ-

ism in the blood of the patient. This secondary infection may be complicated by the coinstantaneous passage of other organisms into the blood, or this complication may arise during the last hours of life.

5. That there is no evidence to support the theory advanced by Professor Sanarelli that this disease is primarily a septicaemia, in as much as cases do occur in which the bacillus icteroides can not be found in the blood or organs in which it might be deposited therefrom.

6. That there exists no causal relationship between the bacillus of Sternberg and this highly infectious disease, and that the bacillus X is frequently found in the intestinal contents of normal animals and of man as well as in the urine and the bronchial secretion.

7. That so far as our commission is aware, the bacillus icteroides has never been found in any body other than one infected with yellow fever; and that whatever may be the cultural similarities between this and other micro-organisms, it is characterized by a specifity which is distinctive.

8. That the bacillus icteroides is very susceptible to the influences injurious to bacterial life, and that its ready control by the process of disinfection, chemical and mechanical, is assured.

9. That the bacillus icteroides produces in vitro, as well as in vita, a toxine of the most marked potency, and that, from our present knowledge, there exists a reasonable possibility of the ultimate production of an antiserum more potent than that of Professor Sanarelli.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

CATAPHORIC TREATMENT OF CANCER.—G. Betton Massey in a paper read at the last meeting of the American Medical Association (*Jour. A. M. A.*, Sept. 9, 1899) reports very favorable results in the treatment of cancer by the massive diffusion of nascent mercuric salts by an electric current. Of ten operable cases, eight were cured. Of sixteen inoperable cases, two were cured. The

essence of the method, is the production of an area of total necrosis continuous with the apparent limits of the cancer, **beyond** which a zone of infiltration causes the death of outlying colonies and latent germs.

STERILIZATION OF THE SKIN.—Surger (*Med. News*, Sept. 2, 1899) after a long series of experiments has adopted the following method of sterilizing the hands: (1.) Scrubbing with hot (104 to 113 F) water, soap and brush for five minutes. (2.) Bathing the hands with alcohol (40 to 60 per cent.). (3.) Washing for two minutes with a warm two to five per cent. solution of hydrochloric acid. (4.) Washing the skin for one minute with a warm one-half per cent. solution of permanganate of potash. (5.) Washing with sulphurous acid until decolorized. The whole process takes about ten minutes. Tests prove this method to be more reliable than any other.

RECTAL IMPLANTATION OF URETERS.—Prof. Geo. A. Peter, of Toronto University reported (*Jour. A. M. A.*, Sept. 9, 1899) at the recent meeting of the Canadian Medical Association, a successful case of rectal implantation of the ureters. The case was a boy of four and one-half years, with exstrophy of the bladder and pro-cedentia recti. Almost immediate tolerance of the urine was manifest by the rectum. The boy goes from three to five hours without evacuating the bowel. The operation was done entirely extra-peritoneally. This case will establish the feasibility of this operation unless the patient suffers in the future from pyelonephritis. This, as Dr. Peters pointed out in the discussion, has been the cause of death when the operation has been done on animals.

ARTERIAL SUPPLY OF THE KIDNEY.—Zondek (*Med. News*, Sept. 2, 1899) at the session of the Berlin Medical Society, June 28, showed macerated specimens of the arterial supply of fifteen kidneys and called attention to certain facts in connection with the surgery of this organ. Freedom from anastomosis of all the little arteries explains multiple abscesses. In resecting portions of the kidney, cone-shaped pieces should be excised to avoid the arteries radiating from the hilum. In nephrotomy the incision should be made parallel to the median line of the dorsum, about one-third

of an inch removed from it, and obliquely with reference to the renal surface, the knife slanting downward toward the hilum, so as to open the pelvis as directly as possible. This incision diminishes risk of hemorrhage, and economizes renal tissue.

TWO CASES OF RUPTURE OF THE UTERUS.—Dr. F. D. Kendall reports: Case 1. Negress, aged 34 years, multipara. Had just died. The body was still quite warm. On examination the abdomen was found quite large. On digital examination the child's head could be made out, but the position could not be ascertained, as the head moved upward when touched. Forceps were then tried, but the head slipped entirely out of reach. As fetal movements could be distinctly felt, the author determined to open the abdomen. The child's head "popped" up through the opening made; it was entirely out of the uterus. It was found that the uterus had ruptured the entire length on the left side from fundus to os; on the right side there was an intramural fibroid, which, with the uterus, weighed $14\frac{1}{4}$ pounds. The child was a well-formed, nine-pound boy. The infant died just after delivery.

Case 2. Primipara, white, age 18 years. The author was present at death. Abdomen was at once opened, and the uterus found to be ruptured from fundus to the os. The placenta was still intact, and the cord pulsating feebly. The rent was on the left side, and the child was partly out of the uterus, and alive and kicking. The cord was tied and the $10\frac{1}{2}$ pound boy was removed. He is still alive and well.—*New Albany Med. Herald*, Aug. 1899.

TOO EARLY REMOVAL OF STITCHES.—An object lesson:—A peculiar accident happened in the post-operative history of a hysterectomy for fibroid, in the practice of Dr. Henry Kreutzmann, Gynecologist to the German Hospital of San Francisco; recorded in *Pacific Medical Journal* of July, 1899. On the fifth day after operation, when the stitches in the skin were removed, there was noticed a union by first intention all through. Patient made an excellent recovery, only complaining about an unbearable thirst and dryness of tongue and mouth. On the eighth day after operation the upper part of the abdomen around the navel looked peculiar. The doctor removed the adhesive plaster strips which had been applied after the removal of the stitches and found that the upper third of the wound was entirely gaping clear to the peritoneal

cavity, a loop of the intestines appearing directly in the hole. The straps were put back, wound covered, and patient put under chloroform and taken to the operating table. The field of operation was sterilized with alcohol and an examination made. It was found that the lower part of the wound was healed but the upper third was entirely separated. The loop of the intestine was adherent to the right margin of the incision. The adhesion could be easily separated. While these manipulations were being done the lower part of the wound gave way also, very easily. A mere touch broke the whole wound open. No pus was found anywhere. Then the wound was united by through and through sutures which were put in from inward to outward quite closely. Patient took the anesthetic and stood the manipulation very well. Healing went on satisfactorily after the second suturing. Had the doctor allowed the first stitches to remain ten days instead of five it is doubtful if any trouble would have arisen.—*Am. Jour. and Gynecol.*, Aug., 1899.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

HEADACHE AND ASTHENOPIA FROM NASAL DISEASE.—Dr C. M. Cobb, in the *Medical News*, reports three cases of headache due to nasal disease, and says that he thinks that headache may be and often is caused by intranasal disease, and that an examination of a patient suffering from headache is not complete unless the condition of the nasal cavities has been investigated. Among causes of headache are atrophic rhinitis, naso-pharyngitis, affections of the accessory sinuses, or obstructive intra-nasal conditions.

TREATMENT OF GONORRHOEAL OPHTHALMIA.—Dr. Vail, of Cincinnati, in a paper upon this subject, says that the general practitioner should always warn his gonorrhoea and leucorrhoea patients of the danger of inoculating their eyes, but that it is well to bear in mind that all cases of purulent ophthalmia are not gonorr-

hoel, and that for diagnostic and scientific reasons microscopic examination of the discharge should be made. He recommends as early treatment leeching, continuous iced applications day and night, nitrate of silver two to four per cent. solution applied to the everted eye-lids once or twice a day, non-irritating gentle flushing of the eye every few minutes, and canthotomy downward and outward to liberate the lower lid.—*Jour. Am. Med. Ass.*

PROTARGOL IN EYE DISEASES.—Dr. Geo. H. Stubb, in the *Alabama Medical and Surgical Age*, in commenting upon the use of protargol in eye diseases says that he has found it especially useful and effective in diseases of the lachrymal apparatus, and has frequently used it as a collyrium in marked conjunctival catarrh in one to three per cent. solution. Its advantages over nitrate of silver are that it keeps well in solution, is not effected by heat and does not irritate the mucous membrane.

(Nearly two years' use of this drug in various eye affections, particularly lachrymal diseases, warrants us in confirming the above statement. It cannot be said, however, that protargol does not irritate the mucous membrane, as on more than one occasion we have noted considerable irritation of the palpebral and nasal mucous membrane following the use of a two per cent. solution, injected into the lachrymal sac. This irritation, however, is not as pronounced as occurs after the use of even a milder solution of nitrate of silver.—Ed.)

INJECTION OF WEAK STERILE SALT SOLUTION INTO COLLAPSED EYES.—Dr. Herman Knapp, in the May number of the *Archives of Ophthalmology*, reports three cases in which he used physiological salt solutions to replace the eye fluids. He concludes by recommending that any sterile and indifferent liquid may be injected into the eye with a small syringe under the following conditions: 1. When from lack of vitality in old age or any other cause the cornea sinks in so that the eye collapses in such a way as to prevent the wound from closing exactly, a liquid should be injected until the globe has resumed its shape and the lips of the wound apply correctly. 2. Not only remnants of cataract, but also cholesterin and other heterogeneous substances, including perhaps some movable foreign bodies, may be syringed out of the eye with impunity and success. When from an operation or an in-

jury the eye collapses, injection of a sterile indifferent liquid may restore the shape of the globe, facilitate the closure of the wound and ward off infection from the entrance of conjunctival secretion into the eye.

EYE SYMPTOMS FROM COMPLICATED SKULL FRACTURE.—At the June meeting of the California Academy of Medicine, Dr. F. B. Eaton reported a case of unusual fracture of the base of the skull with certain eye symptoms in a man about twenty-six years of age, the history being about as follows: He had been struck on the side of the head by a man's fist, one night, while walking along the street. The police were inclined to think the blow had been delivered by a "jack," and not simply by the fist; but this point is still an open question. The blow was not, however, severe enough to produce unconsciousness, and the man went on to his home. He was simply a trifle dazed. The next morning there was pain in the left side and shoulder, with later pain in the left eye, and headache. Four or five days later he experienced a feeling as if something were behind the eye, trying to push it outward, and a week later internal strabismus was apparent. He could hear, constantly, a quite severe noise, seemingly in the head. The strabismus passed away, but later returned. Some four months after the injury had been received, the left eye protruded quite noticeably outward and downward; there was perceptible pulsation on touch and a loud bruit could be heard with the stethoscope. The conjunctiva was congested. The ophthalmoscope showed the disc to be somewhat paler than the other, with vessels distended. The vision was but little lowered. The vision of the right eye was 20-15 and the left eye 20-20.

The diagnosis was fracture of the base of the skull, passing through the cavernous sinus, with a rupture of the internal carotid artery into the cavernous sinus. Dr. Eaton did not have a chance to test the facial sensitiveness, but believes there was, or shortly would have been, some facial anesthesia, and that the only thing was to ligate the common artery on the left side; the diagnosis and opinion were confirmed in consultation. Later, at St. Luke's Hospital, the operation was done with entire relief of the troublesome symptoms.

EUPHTHALMINE AS A MYDRIATIC FOR OPHTHALMOSCOPIC EXAMINATIONS.—Dr. H. Darier, in *La Clinique Ophthalmologique*.

says that in Euphthalmine we have a mydriatic having a rapid and brief action without in any way effecting the power of accommodation. Up to the present cocaine is the agent most frequently employed for ophthalmoscopic examinations, although the dilatation of the pupil which it produces is very inconstant and the effect upon accommodation is often very marked. Besides, the alteration caused to the corneal epithelium may sometimes be a grave complication, without mentioning the toxic effects which are observed in predisposed subjects.

One or two drops of a five per cent. solution of euphthalmine will suffice to bring about in thirty-five minutes a maximal pupillary dilatation which permits ophthalmoscopic examinations to be most easily carried out without appreciably affecting vision. Except for a slight dimness caused by the diffusion of the luminous rays penetrating through the dilated pupillary orifice, the patient can read the ordinary type of a book or paper without much difficulty, and the action of the euphthalmine passes off completely in about two or three hours. None of the unpleasant symptoms frequently met with in other mydriatics have been experienced in the use of euphthalmine, and patients complain of no inconvenience except a slight dimness.

The drug also proves serviceable in doubtful cases where it is desired to ascertain if one has to deal with an iritis.

In conclusion the author claims the following: 1. The pupillary dilatation comes neither sooner nor later than with other mydriatics. 2. Accommodation is as little influenced as possible. 3. The intra-ocular tension is not modified. 4. No toxic action has been observed. 6. Mydriasis rapidly disappears.

PURE CARBOLIC ACID IN THE TREATMENT OF MASTOID WOUNDS AND CHRONIC SUPPURATION OF THE MIDDLE EAR.—Dr. Wendell C. Phillips, in the *Medical Record* of Sept. 2, makes a preliminary report upon the use of pure carbolic acid in suppurative processes, particularly in suppurative mastoiditis and inflammation of the middle ear. He advocates thorough cleansing of the affected part by removing necrosed tissue by curetting, and after this has been done applying pure carbolic acid to the affected surface.

In the case of suppurative otitis media pure carbolic acid is sometimes directed into the middle ear cavity by means of a syringe. In the case of a suppurative mastoid cavity following operation, the

cavity is filled with pure carbolic acid and then evacuated, this procedure being duplicated every other day until clean, healthy, granulating surfaces are obtained. Following the use of the carbolic acid the tissues are immersed in a solution of pure alcohol, alcohol being an antidote to the carbolic acid.

Six cases of middle ear suppuration, some of which were accompanied by mastoid sinuses subsequent to operation, in which pure carbolic acid had effected cures, were reported. In most instances all other well known forms of treatment had been tried without avail. The carbolic acid treatment was applied in the manner already described, satisfactory results being secured within a very short period of time.

TRIBUTE TO HEALTH OFFICERS.—Without solicitation, Dr. J. N. Hurty, secretary of the State Board of Health, pays tribute to the achievements of Dr. L. P. Drayer, the city bacteriologist, and Dr. Carl Proegler, the health officer of Allen county, in a column letter published in the *Fort Wayne Morning Journal-Gazette*, complimenting them upon not only the character and effectiveness of their work, but the fidelity and zeal with which they labor in the interests of the general public. We have repeatedly expressed our views regarding the good work done by our health officers and are only glad to know that the state officers are conversant with the high class of work which is being done by them. As is truthfully said by Dr. Hurty, these gentlemen are trying to make practical application of sanitary science, thereby aiming to prevent unnecessary disease and unnecessary death. While the people may not generally understand the reasons for much of the work performed by the health officers they at least are reaping the benefit, as may be readily seen by noting the health statistics of our city and county. The public should study sanitary science, or at least strive to understand enough about it to support the efforts of their health officers. The citizens of Fort Wayne and of Allen county should “give their hearty support to their very capable health officers, who stand ready to apply sanitary science to the end, that life, liberty and the pursuit of happiness may be promoted.”

BOOK REVIEWS.

ATLAS OF LEGAL MEDICINE.—By Dr. E. Von Hofmann, Professor of Legal Medicine and Director of the Medico-Legal Institute at Vienna. Authorized translation from the German, edited by Frederick Peterson, M. D., clinical professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic, Nervous Department, College of Physicians and Surgeons, New York, assisted by Aloysius O. J. Kelly, M. D., instructor in Physical Diagnosis, University of Pennsylvania, etc. Fifty-six plates in colors, and 193 illustrations in black. Price, \$3.50 net. Philadelphia, W. B. Saunders, 925 Walnut St. 1898.

One of the marvels of current literature is the profusion, accuracy, and beauty of illustrations presented to the reading public. Nowhere is this more true than in medical publications in which the art of illustration has been carried to the highest perfection. This is true of current journalism and the average text book dealing with the different departments of medicine. But it is reserved for special works, like the one under consideration, whose aim is to teach by pictures rather than by text, to furnish the highest order of work along this line.

The present volume is one of a series originally published in German by specialists in the different departments and covering quite a wide series of subjects. It is prepared by a man of international reputation whose qualifications for doing the work in hand is well known but whose reputation could stand upon the character of the present work alone. The illustrations cover a wide range of subjects, there being about 60 full page colored plates, counting several duplicate numbers, together with 193 excellent figures without color but which are in themselves excellent specimens of illustrative work. The colored plates themselves are marvels of beauty and faithfulness in coloring and it would seem, approach as nearly to the object itself as anything on paper could possibly do. The illustrations have been chosen from a wonderful profusion of material with the view to systematic instruction and the appearances presented by different grades and kinds of injuries are faithfully shown.

The very moderate price of the volume which is ridiculously

small considering the very high order of the work, places it within the reach of every physician who will find it a valuable addition to his library.

G. W. M.

THE ANATOMY OF THE CENTRAL NERVOUS SYSTEM OF MAN AND OF VERTEBRATES IN GENERAL.—By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by Winfield S. Hall, Ph. D., M. D., professor of Physiology in the Northwestern University Medical School, Chicago. Assisted by Philo Leon Holland, M. D., instructor in Clinical Neurology in the Northwestern University Medical School, Chicago, and Edward P. Carlton, B. S., Demonstrator of Histologic Neurology in the Northwestern University Medical School Chicago. Illustrated with 258 engravings. Philadelphia, New York, Chicago: The F. A. Davis Company, publishers. 1899.

This work which has already passed through five German editions has attained an enviable position in the scientific world. The book has gradually grown through successive editions by the addition of new material, made necessary by the advances in this department until now it forms a volume of over 400 pages and forms one of the very best guides in existence for the study of the central nervous system in man and in vertebrates. One of the characteristic features of this work from the beginning has been the important place which it has assigned to the embryology and comparative anatomy of the brain. This is the only correct basis of study as it is well known that the student who takes up at once the complex anatomy of the human brain as has been so commonly done in medical institutions can hardly comprehend its mechanism at all or at best can do so with great difficulty. The whole subject is simplified to an enormous extent by first studying the simpler forms of mammalian brains and the earlier stages of their embryological development, the latter alone furnishing a satisfactory explanation of the labyrinthine ramifications of the human brain..

The American edition has been made more serviceable to the student by the preparation of a very full index in which so many German books are lamentably deficient. The book is one of the best, if not the very best, in the English language for the purpose indicated.

G. W. M.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

THE DIAGNOSIS OF TUBERCULOSIS.

By Dr. PARK DRAYER, City Bacteriologist,
Fort Wayne, Indiana.

In this day of aggressive health officers and medical men who appreciate the good sides of preventive medicine, any measure lending aid in the early and positive diagnosis of communicable diseases is hailed with delight. The octopus of to-day is tuberculosis. With Koch's discovery of the tubercle bacillus came a method for the earlier diagnosis of the disease and when we considered the clinical evidence and confirmed our suspicions with the microscopic examination we had a diagnosis made positive. In 1890 Koch announced a second discovery, that of tuberculin—a remedy for the treatment of the disease. The fact made known ten years before by this same man made the medical profession take up the new remedy without discrimination and used it in cases which were peculiarly unfit for such treatment. The disappointment following was intense and the remedy was abandoned by the majority of the profession. And now we can only suggest its use as a possible aid to the action of old and time tried remedies for the treatment of the disease. The use of tuberculin in the diagnosis of tuberculosis in cattle brought the remedy to light and called for more than a passing consideration. Its use in this field met with no objection, but

it was seriously fought as a diagnostic agent for man. The following objections were raised: I. That the quiescent foci may be made active and multiple foci be the result with acute tuberculosis following.

II. That the reaction takes place in quiescent cases.

III. That other infectious granulomatous diseases such as leprosy and syphilis respond to the test.

IV. That reactions occur in the absence of tuberculosis.

V. That the reaction sometimes fails in general tuberculosis.

The tuberculin injection produces a leucocytosis, a sharp fever develops, a quantity of previously formed toxin is liberated and a characteristic reaction is obtained. The sudden and single decisive dose of tuberculin is, as it were, a goad to the tissues already busy with the poisonous products, and a temporary rise of temperature occurs; temporary because the tissues respond to the call and the toxins are in a short time removed or become inert.

The first objection to the use of tuberculin, that objection being that quiescent cases react to the test, is not an objection at all, but a recommendation. The patient with tuberculosis, active or passive, is living over a veritable sleeping Vesuvius, apt to become active at any time and produce most fatal results. That test is most valuable which finds the disease earliest. The second objection is met by the argument used to meet the first objection and needs no repetition. The third objection, that the reaction occurs in leprosy, syphilis, and actinomycosis can be met by the evidence from the post mortem rooms showing tuberculosis to be a not infrequent complication of either of the above named diseases. The fourth objection, that the tuberculin injection reacts in the absence of tuberculosis is disproven by the subsequent demonstration of concealed tuberculous foci in many cases. The fifth objection, that the reaction fails sometimes to occur in advanced cases is a well grounded objection, and depends upon the tolerance acquired by the tissues through long acquaintance with the toxins of the disease. In advanced cases, however, the clinical picture is plain and the person who is the victim of confirmed phthisis presents such a series of positive symptoms that one needs no corroboration to prove the true nature of the malady.

After not a little experience with the use of tuberculin as a diagnostic agent for man and a considerable experience in its use in cattle, I am convinced that it stands first as the reliable agent for the

early diagnosis of this disease. The one feature that makes the test of exceptional value is the simplicity of the technique. For twenty-four hours prior to the test the patient's temperature is taken every four hours. At 10 o'clock in the evening the injection of tuberculin should be given. This injection should be $\frac{1}{2}$ m. g. of the crude tuberculin for an adult and 1-20 to 1-10 m. g. for children. For the purposes of dilution a $\frac{1}{2}$ per cent. sol. of carbolic acid is employed and the solution for the injection is prepared fresh for each test. The space between the scapula and the spinal column is usually selected for the injection and the operation is done under strict aseptic precautions.

The reading of temperatures should begin within ten hours after the injection and should be kept up at intervals of three hours for at least ten hours more. A sudden and more or less pronounced rise of temperature following the injection furnishes the proof positive that the case is one in which tuberculosis exists. It need not be a pulmonary lesion, but may be located any place in the body. A careful clinical examination will determine where this disease is located. If no rise of temperature is noted then the proof is just as positive that there is no tuberculous focus, old or recent, in the patient's body. If the patient has been running a temperature prior to the test injection and the temperature is not due to tubercle the tuberculin will, in a great majority of the cases, act as an antipyretic and will reduce the temperature.

I have said that crude tuberculin should be used in doses varying from 1-20 to $\frac{1}{2}$ m. g. according to the age. By the crude tuberculin I mean Koch's old tuberculin. Of his new anti-phthisic serum T. R. it can be said that in cases where the infection is pronounced a reaction is generally obtained, but is not of any diagnostic value in incipient cases. Of the watery extract which is now on the market I can say that it has, in my experience, been a failure. A case in point: Mrs. R., Aet. 29, family history negative, well until 9 months ago, when began to fail in health—became extremely anæmic and troubled most with heavy, weighty feeling in the abdomen where ascitic fluid had accumulated in considerable quantity. Some pain was noted in the abdomen but not localized. Fluctuation easily obtained, little cough but no expectoration. Pulse, 112; temperature, 101. Physical examination revealed a rapid heart, somewhat enlarged but compensating, a consolidated right apex, an enlarged spleen and a distended rather tender abdomen. No sputum

could be obtained for microscopical examination, so an injection of an aqueous extract of tubercle bacilli was given for diagnostic purposes. The result was that a sub-normal temperature was noted 12 hours after injection. A diagnosis of peritoneal tuberculosis was made in spite of this reaction. Operation was advised but was refused. The patient died in a few weeks and the post mortem examination revealed a general peritoneal tuberculosis with tubercle in both lungs. I mention this case because it is the first I have observed in which the tuberculin test failed and I believe the failure occurred because of the material used.

There are no contraindications to the use of tuberculin for diagnosis. It has been observed that the injection of cattle affected with meningeal tuberculosis produced death without a single exception. That this does not hold true in man I am quite certain. I have employed the test in several cases of primary tubercular meningitis and have had marked reactions without any ill-effects. The cases were examined post mortem and their true nature was learned.

The only other means we have for the early diagnosis of tuberculosis is the microscopic examinations. Urine, pus, sputum and blood each tell their tale. In the first three we may find the tubercle bacillus, and in the last, the blood, we may find such confirmatory evidence as will make us more certain of our diagnosis, such as diminished quantity of haemaglobin, a pathological leucocytosis, a greatly diminished number of leucocytes or a wide departure from the normal number of cells, considered morphologically. The microscopic evidence is only positive when the tubercle bacillus is found. One, two or three examinations of sputum in which no tubercle bacilli are found do not by any means exclude tuberculosis. It simply means that the bacilli are not being thrown out and many times have I seen the patient in the stage of confirmed phthisis before I could demonstrate the presence of the bacilli in the sputum. In urine analysis we are more apt to get a negative result with the microscope than in sputum analysis. Indeed it is the exception rather than the rule to find tubercle bacilli in the urine of patients afflicted with genito-urinary tuberculosis. So I believe that in tuberculin we have (1) A safe agent to be employed in the early diagnosis of tuberculosis.

(2) The only means to a positive diagnosis in concealed tuberculosis.

(3). An agent that can be used with equally certain results in animals as well as in man.

(4). An agent that is far more reliable than the microscope when negative results are obtained.

Dr. Whitaker says of it, "The highest value of tuberculin is its diagnostic value which is supreme and which enables us to distinguish the disease at the start as a tuberculosis, before the development of sepsis or other complications which go to make up that composite picture we call phthisis." To prevent the spread of tuberculosis is much discussed. Medical men are too apt to beg the question by saying: "The public must be educated." I believe it must, but I believe it will be just as easy a fight to stamp out tuberculosis as it will be to educate the public. Tuberculosis is a curable disease. This does not mean tuberculosis plus the complications found in confirmed tuberculosis. A tuberculous patient is not dangerous until he begins to discharge material containing tubercle bacilli. The time to begin treatment is before cavities have formed. Tuberculous patients do get well in this and in every other climate. The physician has not the right to allow such as are afflicted with this disease to go on to a certain death, without making more of an effort than is now being made to save them.

503 South Calhoun St.

IN DEFENSE OF MATERIA MEDICA AND THERAPEUTICS.

By HIRAM VAN SWERINGEN, A. M., M. D.,

Professor of Materia Medica and Therapeutics, in the Fort Wayne College of Medicine.

There is a manifest disposition upon the part of the profession generally and the specialists thereof particularly, to belittle the importance of that branch of the healing art known as Materia Medica and Therapeutics. As a representative of that branch, I desire to offer a few remarks in its defense. The period has now arrived when some one should rise up and manfully resist the many unjustifiable attacks made upon it.

In my endeavor to discover, if possible, the original source of these attacks, I am inclined to locate it in a remark dropped about a quarter of a century ago, by Dr. Oliver Wendell Holmes, in an address he delivered at a medical college commencement in the East, from which direction we of the West are supposed to receive all our light. That remark was in substance, if not verbatim, that: "If all drugs and medicines were cast into the sea it would be better for mankind tho' bad for the fishes."

It is surprising that so sweeping a renunciation as this should have been allowed to remain so long a time unchallenged. Its only explanation lies in the fact that it was made by Dr. O. W. Holmes.

“Did Marcus say ’twas a fact? then fact it is;
No proof so valid as a word of his.”

To give currency to an extravagant assertion, to a hypothetical opinion, or medical reputation to an inert substance requires only the talismanic aid of a few great names; when once established upon such a basis, ingenuity, argument, and even experiment may open their ineffectual batteries.

It was extremely unfortunate for the profession that this sensational utterance, which was no doubt a slip of the tongue occurring in the heat of an indignant and righteous attack upon polypharmacy or over-drugging, was made by so prominent a man of letters, who, tho’ long a teacher of anatomy in Harvard College, was never very much engaged in the practice of medicine. It has had a demoralizing effect not only upon the profession at large, but upon the laity. It has shorn both of much of that confidence they had heretofore reposed in the profession of medicine.

We are all aware that the science of medicine in all its departments is in a very changeable state. The discoveries which are made from time to time in anatomy, surgery, physiology and pathology, the theories which are put forth and the new remedies and modes of treatment which are continually proposed, keep up a constant excitement in the profession. In this unsettled state of things, with so many novelties to attract the attention, the temptation is so strong to act as a mere gazer, and, setting aside the labor of investigation, to adopt what is asserted upon deficient evidence, that there is the more need of maintaining that cautious observation which is the only preventive of error.

We have no authorities in our profession as we have in others. The theologian has his standard authors who are a kind of authority to which he appeals, and above all, he has the Bible as an unerring standard, and every opinion which is advanced he can bring to this test. The lawyer also has his standard works, his Blackstone, Kent and Story, in which are embodied the principles of law, and they are settled authorities to which he can appeal. In our profession, however, tho’ we have works which contain the principles of the science, we have none of that fixed and undisputed authority, which standard works on other subjects are apt to have. There is therefore a con-

tempt of authority in matters of opinion in medicine tolerated by the community, and even by the profession, which is not tolerated in regard to any other subject. This fact, however, is not altogether deplorable, for an excessive devotion to authority and established routine or to such oratorical explosions which characterized the address of Dr. Holmes, has always been the means of opposing the progress of reason, the advancement of natural truths and the prosecution of new discoveries, while with effects no less baneful, it has perpetuated many of the stupendous errors of the past.

The skepticism, agnosticism and ridicule indulged in by members of the profession in regard to materia medica and therapeutics, have long since reached the public ear and turned it to a great extent against medicine as a science. Indeed the public is now repeating what it has learned directly from the profession, that therapeutics has no right to a position among the sciences; that it is simply a conglomeration of uncertainties, experiments and conflicting observations. We are charged with loading up our medical shotguns with pukes, physics and sweats and firing away at our patients upon the hit or miss principle. But our detractors fail to make any distinction between the science of therapeutics and the practice of therapeutics. The practice of therapeutics must of necessity be more or less empirical or rely upon experience only; but the science of therapeutics must have for its very foundation some knowledge of the *modus operandi* of medicines. What do we understand by the term science? In its general sense it is a term given to the knowledge of facts.. The group of facts pertaining to the sun, moon and stars you call the science of astronomy; those connected with calculation, the science of mathematics; those pertaining to the composition and reactions of bodies, organic and inorganic, the science of chemistry.

Now, if there are no facts in that department we denominate therapeutics, the position which our detractors assume in relation to it, we must grant is a correct one. If it be a fact, however, that opium will allay pain and inflammation, contract the pupil and invite sleep; that belladonna will dilate the pupil; that ergot contracts the uterus; that quinine cures malarial fevers; that the hydrated peroxide of iron antidotes arsenic; that an alkali counteracts an acid; that antiseptics prevent blood poisoning or kill bacteria; that chloroform and ether produce anaesthesia; that bichloride of mercury is a specific for syphilitic iritis; that a sinapism is a counter-irritant and has been applied millions of times with decided success; that a flax-

seed poultice is emollient and anodyne and from time almost immemorial has been successfully applied; that pilocarpine will produce copious diaphoresis and in cases of suppression of urine attended with coma has proven a brilliant success; that antitoxin is a veritable specific for diphtheria when used early; that foods are converted into therapeutic remedies when properly selected; that deprivation of food is at times a valuable therapeutic measure; that the phosphates, hypophosphites, strychnia, iron and cod-liver oil are all constructives par excellence; that colchicum, salines and diet act like a charm in properly selected cases of gout and rheumatism; that climate, reaction, diet, massage, amusement, exercise, etc., are all important remedies and effect cures in many cases; if all these and many more that might be added are *facts*, they constitute a group which we denominate therapeutics and which is as much entitled to a scientific appellation as any other group of facts or as any other branch of our profession. For some unaccountable reason, our familiarity with the established facts of therapeutics has strangely bred within us a peculiar contempt for them.

Who of you here this evening can for a moment doubt that sulphur will cure the itch, that castor oil will physic, that chloral hydrate will induce sleep or that the Spanish fly will blister?

It is perplexingly amusing to me to hear the surgeon sneeringly reflect upon the claims of therapeutics to a position among the other branches of the healing art, and then to notice how very careful he is at an operation to have conveniently at hand his solutions of salt, bichloride of mercury, permanganate of potassium, carbolic acid, oxalic acid and iodine, his sterilizer, his antiseptic gauze, his boiled instruments, his chloroform and ether, his hypodermic syringe and tablets of strychnia, digitalin, nitro-glycerin, his brandy and hot bottles and various other articles of the materia medica for therapeutic use. It is strange, too, how ever ready these surgeons are to make use of the much abused materia medica in their offices and when prescribing at the bedside of purely medical cases. One would suppose that they would endeavor to render their practice consistent with their denunciation of drugs.

The brilliant results of modern surgery are almost entirely due to the intelligent employment of agents of our materia medica; antiseptics belong to materia medica and therapeutics; surgery simply makes use of them not only without thanks to, but with ridicule of the donor.

The exclusion of light from an inflamed eye is as much a therapeutic measure as the leeching, blistering, etc. The exclusion of noise and excitement from the room of a patient with an inflamed brain is a procedure as therapeutic in character as any positive medication that may be employed. The bread pill or any other placebo is not infrequently as important an agent as any in our *materia medica* and occupies a prominent position in therapeutics. All our bacteriological, chemical and other laboratories, our sanatoria, health resorts, watering places, sea voyages, gymnasiums, and places of amusement belong to the domain of therapeutics and we respectfully ask for it a consideration commensurate with its importance.

It is no argument against *materia medica* and therapeutics to say that they have miserably failed to cure cancer, consumption, Bright's disease and other fatal maladies. It is simply an argument in support of the fact that as a science, therapeutics like every other science is imperfect—perhaps more so than its associate sciences. It is not likely that we will ever be able to restore lost structure to a tuberculous lung any more than it is probable that the surgeon can make whole a crushed limb by amputating it.

What, I ask, would our esteemed brethren of the eye and ear specialty do if it were not for atropia, bichloride of mercury, boracic acid and other agents of the much abused *materia medica*? And how would our throat specialists get along without guaiacol, lactic acid, listerine, eucalyptol, et cetera?

Therapeutics has no longer failed me in the cure of a class of cases of diphtheria which heretofore invariably died for me and, to the best of my knowledge and belief, for every other physician. If in the last hundred years therapeutics has accomplished nothing more than furnishing us a most positive cure for diphtheria if used early in uncomplicated cases, it is entitled to our love and admiration and our unbounded faith in the possibilities of its future. Diabetes mellitus has ever been considered an incurable disease and yet a patient of mine still lives who had that disease resulting in double cataract, fifteen years ago. Syphilis has been considered an incurable disease and yet undoubted absolute recoveries are not few. I have never failed to note the passage of a tapeworm, after the exhibition of the proper remedy, and in some cases I have observed the passage of real, genuine, unsophisticated gall-stones follow the administration of several agents. I have been delighted with the prompt response to therapeutic measures in uraemic coma and con-

vulsions when not complicated with marked structural disease of the kidneys.

We freely admit that progress in materia medica and therapeutics has been made but slowly but it has nevertheless been made. The facts of our branch have not developed as rapidly as those of other branches of medicine because theory, speculation and experiment are the only means by which we can develop them. Although we still have here and there a few slight reminders of what constituted our materia medica two centuries ago, our ammunition of the present day is a most decided improvement upon what it was at that period of its history. Its advancement, too, has been continually arrested and often entirely subverted by the caprices, prejudices, superstitions and knavery of mankind. Unlike the other branches of science, it is incapable of successful generalization; it is very seldom that we can produce a discovery or improvement which has been the result of that happy combination of observation, analogy and experiment, which has so eminently rewarded laborers in other fields of inquiry.

That fluctuations in opinion and versatility in practice should have produced in the mind of Dr. Holmes and many others in our profession who were much more identified with its practice, an unfavorable impression with regard to the general efficacy of remedies, can hardly excite our surprise, much less our indignation; nor can we be astonished that the laity has arrayed our vocation as a fallacious art, or derided it as a mixture of error and fraud. It is said facetiously and not without a considerable degree of truth that medicine is the art of amusing the patient while Nature cures the disease; or that the profession of medicine is a melancholy attendance on misery. The latter is certainly true in some cases; I have often stood around in the presence of diphtheria, in the way of everybody including myself, with whom I was entirely disgusted, feeling a natural, humane sympathy for the little patient struggling for breath, aggravated by my total inability to afford any relief. Since the introduction of antitoxin, however, I rather delight in being called in time to a case of diphtheria. The former reflection that "medicine is the art of amusing the patient while Nature cures the disease," is more tolerable. This art of amusement is a most important measure of therapeutics. What, let me ask, would we be able to accomplish in the cure of *any* disease without the aid of Nature? "Vis Medicatrix Naturae" stands at the head of the list of our agents in the materia medica and is always relied upon by intelligent therapeutics.

Ascribing too many and too great virtues to one and the same medicine has been a common fault among physicians. By bestowing unworthy and extravagant praise upon a remedy, we in reality do but detract from its reputation and run the risk of banishing it from practice; for when we discover by experience that a medicine falls so far short of the efficacy ascribed to it, we abandon its use in disgust, and are even unwilling to concede to it that degree of merit to which in truth and justice it may be entitled; the inflated eulogiums bestowed upon the operation of digitalis in consumption, excited, for a time, a very unfair impression against its use in any disease; and the injudicious manner in which the antisiphilitic powers of nitric acid have been aggrandized, had very nearly exploded a valuable auxiliary from practice. The fame even of Peruvian bark has been darkened by the clouds of false theory; some condemned its use altogether "because it did not evacuate the morbid matter," others, "because it bred obstructions in the viscera," others, again, "because it only stopped the paroxysms for a time, and favored the translation of the morbid matter into more vital parts." We are told that Oliver Cromwell died of an intermittent fever, because his physicians were too timid to make a trial of this bark.

With what avidity did the public and the profession embrace the expectations given by Dr. Bliss, of Washington, and the late Hon. Schuyler Colfax, of South Bend, some years ago, with respect to the efficacy of Cundurango in the cure of cancer. But alas! the drug has miserably failed of even an approximate success in the treatment of this disease, and has been with whatever merits it may otherwise possess, unceremoniously consigned to an early obscurity.

It is a matter of regret that a remedy which, under skillful management, certainly possesses considerable virtue, should fall into obscurity and neglect from the disgust excited by the extravagant zeal of its supporters.

It is no doubt true of many of us to-day that we indulge a spirit of skepticism in regard to materia medica and therapeutics, from an idea that it denotes the exercise of a superior intellect. We do not question that at that period in the history of Europe when reason first began to throw off the yoke of authority, it required superiority of understanding as well as intrepidity of conduct, to resist the powers of that superstition which had so long held it in captivity; but in our day, unlimited skepticism is as much to be avoided as implicit credulity.

If the profession has lost all faith in materia medica and thera-

peutics, why is this branch allowed to remain upon the curriculum of our schools? If the remedies it gives us are of no value whatever, why should we prescribe them to our patients? Why further impose upon their credulity and confidence? If we have no respect for our remedies, how can we expect the public to have any respect for them? We certainly have therapeutic facts, however few, which we can respect, love and cherish, and upon which we can build, however slowly, a structure of grace, beauty and power. Such fads of the day as Christian Science, Mental Science, Faith Cure, etc., whose influence we are now feeling, are antagonists of our own manufacture, born of our own disrespect for our own therapeutics.

I would not detract one iota from the surgical branch of our profession. I am fully aware of its value and importance, and the brilliant results it has achieved; but I do protest against the growing inclination to consider it the *only* branch of medicine. Unless a member of the profession is quite extensively engaged nowadays in removing appendices, ovaries, tubes and uteri, he is not supposed to be "in it" at all. How many of these organs have been sacrificed upon the altar of surgical ambition, I am not prepared to say; perhaps not any. I have personal knowledge, however, of several whose removal some years ago was considered an immediate surgical necessity, still remaining in situ, their owners enjoying apparently, the best of health, the credit for which they give to materia medica and therapeutics.

Nor would I detract one iota from the chemical branch of our profession; but the inclination to examine and decide upon the pretensions of every medicinal compound to our confidence by a mere *chemical* investigation of its composition, and of rejecting as fallacious every medical testimony which may appear contradictory to the results of the laboratory, should be abandoned. Experience has fully established the value of many medicinal combinations which, at the time of their adoption could not receive the sanction of any chemical law. There was at one time a marked opposition upon this ground, offered to the introduction of the anti-hectic mixture of Dr. Griffith—the *mistura ferri composita*, and yet subsequent inquiry confirmed upon scientific principles its right to recognition; for it has been shown that the chemical decompositions which constituted the objection to its use, are in fact the causes of its utility; such is also the case with the chemically incompatible mixture of sugar of lead, sulphate of zinc and water, so much used as an injection in gonorrhoea. This fact has thrown additional light upon the theory

of other preparations. Substances may be medically inconsistent which are chemically compatible and vice versa.

We never profit more than by those unexpected results of experiments which contradict our analogies and preconceived theories. Whenever a medicine is found by experience to be effectual, the physician need not listen with great circumspection to any *chemical* advice for its correction or improvement. From a mistaken notion of this kind the comp. ext. of colocynth was at one time, with a view of rendering it chemically compatible with calomel, deprived of its soap which formerly entered into its composition in consequence of which deprivation its solubility in the stomach was considerably modified, its activity impaired, and its mildness diminished.

In conclusion, I would not detract one iota from *any* branch of our noble profession, but I insist that no one branch thereof is the "whole thing" in medicine, and that *materia medica* and therapeutics is entitled to far more consideration than it is receiving at the hands of the profession and the public. Dr. Holmes' injudicious remark has been the means of discouraging investigation of and experiment with remedies, and of encouraging the multiplication of patent medicines, most of which are the prescriptions of regular physicians, utilized by their patients of capital for further gain.

It would be well for the profession in this country to have occasionally, a therapeutical congress for no other purpose than to compare experiences in regard to the value of the various officinal and non-officinal agents employed in the cure of disease.

Imperfect and unsatisfactory as our therapeutics may be, it is more perfect and satisfactory than that of any other system of practice and for this reason the regular profession should be loyal to it.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of August:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	4	1
Scarlet Fever ..	1	0
Measles	0	0
Typhoid Fever	5	3
Tuberculosis	not rep	3
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	not rep	0
Total deaths from all causes.....		37

IMPORTANCE OF STOMACH EXAMINATIONS IN CLINICAL MEDICINE.

The necessity of interrogating the principal organs of the body in routine clinical work is rapidly forcing itself upon the minds of advanced clinicians; and we may add the fact that the stomach, almost more than any other organ, requires critical attention. As an illustration of the diverse fields of inquiry in which this sort of investigation is deemed important, a discussion before a recent meeting of the Paris Academy of Medicine is interesting. Prof. Robin and Dr. Leredde reported an investigation concerning the condition of the skin in 422 cases of disease of the stomach, in 129 of which various cutaneous manifestations were found. From the other point of view 30 patients suffering from prurigo, lichen, or eczema, were examined as to the condition of their gastric juices, and butyric and lactic acids were found in all. These acids, it is perfectly well known, are the result of germ growth in the stomach and do not exist at the acme of digestion under normal conditions. The perspiration was found to contain an undue quantity of acid and it is thought by these observers that the cutaneous disease was the result of the attempt on the part of the skin to excrete these morbid products.

I have myself reported a number of cases of severe nervous disease, chronic nephritis, etc., which were obviously due to such conditions. The investigations of Boix have demonstrated beyond a question both experimentally and clinically, the similar production of hepatic disease, to which a long series of observations with similar results could be added if space permitted.

The clinical phenomena presented by chronic nutritional diseases are usually very complex and it will not do to attribute diseased conditions to the stomach alone without due consideration. This is not the intention on the part of those who insist upon thorough stomach examinations in such cases. But rather, as a routine matter, when cases are otherwise obscure, to positively know instead of vaguely guessing at, the condition of stomach function.

The real clinician must stand upon an eminence high enough to enable him to survey the entire territory, not, it is true, at a glance, but rather with painstaking and laborious investigation, which alone will enable him to discharge his obligations to his patients by giving them the full benefit of scientific discovery and the best clinical methods. Such a scope of inquiry includes not only the stomach

but the intestines and urinary excretion not only in its bearings on kidney function but as well upon tissue metabolism and intestinal putrefaction, the blood, circulatory and respiratory organs and the nervous system. If the task is admittedly a colossal one I have only to say that such are the ideal conditions which the consulting physician is called upon to attain and that his position should be made perfectly clear and the responsibility for the results of the failure in fulfilling them should be clearly and definitely laid at the feet of someone else.

G. W. M.

THE PREVENTION OF TUBERCULOSIS.

Iteration and reiteration appear necessary in dealing with the much hackneyed but ever serious question of tuberculosis. Whether due to carelessness, criminality, or ignorance, or all three combined, there still exists a degree of apathy with reference to this dangerous disease, that is truly startling to anyone who will pause long enough to reflect. Physicians, of course, understand the infectious nature of the disease, and with the occasional exception of some fossil who appears incapable of comprehending and assimilating the demonstrations of science all would admit without hesitation that tuberculosis is not only the most fatal disease in the world, but is so because of the transmission of the disease germs from one living organism to another.

In a recent article in the *Boston Medical and Surgical Journal*, Dr. E. O. Otis makes the following recommendations:

(1). The report of all cases to the Board of Health; (2) instruction of the public; (3) the compulsory disinfection of premises employed by the consumptives; (4) hospital accommodation for poor consumptives; (5) sanatoria in the country for the open air treatment of incipient cases; (6) free examination of the sputum for tubercle bacilli; (7) regulations against spitting in public places, it is desirable to provide numerous spittoons; (8) the establishment of special dispensary service for consumptives; (9) supervision of the milk supply, and (10) of the animals slaughtered for food.

The necessity as well as the difficulty of enforcing such regulations is perfectly obvious. Until these or similar measures are incorporated in the statutes and ordinances of our various commonwealths and municipalities the march of tuberculosis as it decimates the populations of the world will move unchecked. More than this, however, is necessary. The great difficulty lies in the

enforcement of such regulations because of the ignorance and prejudice of the lay public and to a certain extent in the apathy of a pretty large contingent of the medical profession. What is most needed is an enlightened public sentiment which the medical profession alone can be chiefly instrumental in creating.

Much has already been accomplished, inasmuch as the very passage of such a law means that the representatives of the lay public are convinced of the dangers. It would seem, however, as though it would be a long time before their adequate enforcement would be possible, and in the meantime let us agitate the question and disseminate the facts, in season and out of season.. G. W. M.

MARK TWAIN ON CHRISTIAN SCIENCE.

In the October number of the *Cosmopolitan* will be found an article on the subject of "Christian Science and the Book of Mrs. Eddy," from the pen of Mark Twain, which will prove interesting reading to all those who have been at all interested in the growing popularity of the absurd and nonsensical teachings of Mrs. Eddy and others of the Christian Science faith. Aside from the humorous and satirical manner in which Mark Twain handles the subject, there is throughout the article a vein of logical reasoning which goes to show the fallaciousness of the position taken by Christian Science healers. As the *N. Y. Medical Journal*, in commenting upon the subject, well says: "When the world generally realizes the enormous part played in all the functions of life by mental operations in stimulating or inhibiting nervous action, controlling the local blood supply, increasing or diminishing secretion and excretion, and retarding or accelerating metabolism, etc., it will see that in many cases the touch of the king's hand may have seemingly cured 'king's evil,' that 'saints' relics' may have effected a cure in cases of more than hysterical conditions, and that faith healers, mind curers, and Christian Scientists may sometimes effect veritable curative results; but it will realize at the same time that it is neither the virtue of royalty, nor the sanctity of relics, nor the occult power of quasi-religio-scientific systems that is the operative force in effecting the results, but, as Mark Twain says, 'the same old powerful instrument—the patient's imagination. Differing names, but no difference in the process.' It will further realize at the same time that it is only in those conditions which are controlled by the purely subjective, in which the factors of disturbed vital action are integral parts of the human economy and not intruders

from without, and, moreover, in which the disturbed action has not been so long persistent as to produce extensive organic change, that the force from within is sufficient to overcome unaided the interference with function, or to effect its partial restitution when the mechanism itself has undergone actual metamorphosis. The cases that have been cured under Christian Science are, without a single proved exception, such as could have been equally cured by any *modus operandi*, whether at the hands of quacks or physicians, that would have inspired sufficient confidence in the patient to render him amenable to the influence of suggestion. Mrs. Eddy knows that—and that is why the Christian Scientists have ignored Dr. C. A. L. Reed's challenge published in the *New York Sun* of January 1st, a challenge which gave them a fair opportunity to substantiate in a convincing manner their claims to effect more than has been herein conceded to them."

SOME NEEDED CHANGES IN THE PHARMACOPOEIA.

Much interest is now taken in the plans for revision of the pharmacopoeia, and many suggestions as to needed changes are being offered by those who from practical experience and knowledge are capable of offering intelligent criticism, and advice as to the best manner in which to rectify the faults. While we believe that many changes are necessary we know that there is one question above all others that takes precedence as worthy of first attention at the hands of the committee. This is the question of standardization, or the accurate estimation of the activity of various drugs.

While the majority of the reputable manufacturing pharmacists have by chemical assay acquainted us with the activity or strength of all those drugs amenable to such examination, there are some drugs whose activity or strength can not be determined by chemical assay, owing to the disproportion in amount of active principle present in various apparently similar samples.

Experiments by recognized chemists and investigators have shown that similar samples of such crude drugs as belladonna root, coca leaves, colchicum seed, hyoscyamus, conium, hydrastis canadensis, cantharides, ergot, digitalis, strophanthus, veratrum, etc., yield varying quantities of alkaloid. As an instance of this Professor Puckner assayed nineteen samples of belladonna leaves, procured with a view to having the samples first-class in every particular, and found the alkaloidal strength to range from .01 to .51 per cent., or

in other words that the strongest sample was fifty times as strong as the weakest. It is not surprising then that there should be such a diversity of opinion regarding the physiological effect of certain dosage, and that failure to obtain results in one instance may be followed by toxic effects in another.

To overcome this difficulty many physicians have adopted the plan of employing alkaloids or the active principles only. This, however, is a makeshift not entirely advisable because of the fact that the whole drug is nearly always much preferable for many reasons to any single constituent which it may contain, though that constituent may represent the essential activity of the drug. It has also been shown that the active principle varies in its physiologic effect, one investigator having tested the physiological effect of three samples of strophanthin from three of the best manufacturing chemists in the world only to find that the first of these samples of "pure strophanthin" was ninety times as strong as the second, and the third varying between the two. As strophanthin is most frequently given in tablet or pill form by weight it can be readily seen what serious effects might result from a change from the product of one manufacturing chemist to that of another if the physiologic effect was ninety times greater in the one than in the other.

The accurate estimation of the activity of many drugs can only be determined by testing them upon living animals, and as such potent drugs as ergot, digitalis, strophanthus and cannabis indica vary most widely in their activity, it seems almost imperative for the congress for revision of the pharmacopoeia to adopt a definite system of physiological assay. In no other way is it possible to obtain some of our most valuable therapeutic agents in a form that makes them absolutely safe, and capable of bringing about the definite results desired.

A. E. B.

CLIMATE AS A REMEDIAL AGENT.

Climatology is a subject that may be given a great deal of profitable study by the modern medical student and is one worthy of more than casual mention in the teachings of the various medical schools of the country. As a result of the lack of knowledge of the dominant facts regarding climatology, many physicians are unable to give their patients competent advice in regard to climate which they should seek for the benefit of their health. The question is deserving of consideration when we consider that for those patients

who suffer from pulmonary or renal diseases the question of climate is most important, and in which bad advice is followed by no benefit but in many instances may be fraught with danger. It is well known that a moderately high altitude, dryness of air, stillness and freedom from dust, with many hours of sunshine, are absolute necessities if the best results are to be obtained in recommending a change of climate for patients suffering from pulmonary disease. Yet how few physicians acquaint themselves with the peculiarities of the various climates that are recommended by enthusiasts as the proper place for patients suffering from tuberculosis, and how few physicians also realize that to obtain the best results from a change of climate the patient should seek the change before the disease has progressed to that point where climate ceases to be a benefit.

As has been well stated by the editor of the *Therapeutic Gazette*, too frequently physicians hold out vain hopes to patients in regard to what climate can do for them, and actually do not recognize the fact that after pulmonary and renal disease has advanced to a certain stage death is inevitable, and that very soon. Under these circumstances patients are advised or permitted to leave their homes and make an effort to gain that health which is impossible, only to die from exhaustion from the journey, or soon after, and by reason of their large expenditures to leave those who are dependent upon them even more poverty-stricken than before. Many patients are sent to Colorado, California and Arizona who are so far gone that they die in the hospitals within three weeks after their arrival. As the editor of the *Denver Medical Times* says, "if such patients are to go to Colorado let them go if possible within a few weeks of the beginning of the cough, and if they cannot be sent before excessive destruction of the lung occurs, be merciful enough to let them remain at home, surrounded by friends and home comforts during their last hours, that they may at least die in peace."

While change of climate frequently results in benefit to the individual suffering from pulmonary tuberculosis, it must not be forgotten that climato-therapy can be prescribed at home with decided advantage in nearly all cases of this class. In nine cases out of ten it will be found that patients suffering from tuberculosis confine themselves in doors in hot, illy ventilated rooms, through a mistaken notion that they will catch cold and aggravate the disease if they get out into the open air, and this nonsense is encouraged by many physicians who from reputation and experience ought to know better. We venture

to say that it is not only possible to keep tubercular patients in the open air on an average of six hours daily throughout the most inclement months of the year in this region without the slightest detriment, but rather marked improvement in every respect. From actual experience we can say that patients suffering from phthisis pulmonalis have been known to gain in weight and appetite, improve in personal appearance, and practically cease coughing with no other than open air treatment, consisting of as many hours out in the open air and sunshine as it possible to obtain during each day, and sleeping in rooms constantly widely open to the outer air and free from the vitiating effects of warmth as produced by stoves, poorly constructed furnaces, etc., so common in many dwellings.

The question is one which certainly demands more extended attention, and we believe that our medical schools should give their students a course of lectures upon climato-therapy and the progressive practitioner acquaint himself with the essential facts relating to climate as a therapeutic agent.

A. E. B.

NEWS NOTES AND COMMENTS

There was a young woman named Margery,

Whose head was a perfect menagerie;

When they told her to wash,

She only said "Bosh!

I shall use some unguentum hydrargyri."

—*Am. Druggist.*

DEATH FROM INHALATION OF A HICKORY NUT SHELL.—On Tuesday afternoon, Sept. 19th, a child three years old, while eating hickory nuts, had the misfortune to inhale a small piece of the shuck, which, passing beyond the larynx, lodged in the lower portion of the trachea. While respiration was seriously interfered with, the little patient was able to breathe quite comfortably until the family physician, Dr. C. B. Stemen, arrived. Tracheotomy was advised and immediately performed, resulting in the removal of the foreign body but not the saving of the child's life. Following the removal of the foreign body dyspnoea became marked in spite of all efforts to re-

lieve the breathing by tracheotomy tubes placed low in the trachea. Death was thought to be induced by acute oedema of the tracheal membrane, caused by the irritation of the sharp edges of the foreign body. Unfortunately no autopsy was permitted.

DEWEY RECEPTION WITHOUT ACCIDENTS.—In consideration of the fact that several hundred thousand visitors, in addition to the bulk of the population of New York, were on the streets during the parades forming a part of the Dewey reception, it is somewhat remarkable that so few accidents common in gatherings of this kind were reported. Aside from the fainting of women, which can be looked for at most any time, the ambulances had little to do. Freedom from accidents is largely accounted for by the unusual pains taken by the city officials to maintain order.

STREET CAR COMPANY ENTERTAINS DOCTORS.—The physicians of Fort Wayne were tendered a complimentary entertainment by the Fort Wayne Consolidated Street Railway Company, on Tuesday evening, Sept. 12th. The physicians with their wives, to the number of two hundred or more, were taken by special cars to Robison Park, where an unusually attractive program was rendered at the Park theatre, and afterward a hot lunch served in the Park pavilion. The physicians enjoyed the entertainment and tendered a vote of thanks to the managers of the railway company for their generous hospitality.

WHAT THE HUMAN BODY WILL YIELD.—A French statistician has calculated that the average human body contains enough fat to produce thirteen pounds of candles; enough carbon to make sixty-five gross of "lead" pencils, and sufficient phosphorus to tip 820,000 matches. Perhaps he will complete his observations by calculating how many bone-handled knives one body would furnish, how many watch springs could be made from the iron in the blood, and how much mortar could be made from the lime contained in the tissues. When he has done this we will suggest sundry other as yet unsolved problems.

A CANINE MATERNAL IMPRESSION.—Mr. John Booth, house surgeon to the South Charitable Infirmary and County Hospital,

Cork (*British Medical Journal*, September 16th), is responsible for the following: "A very interesting occurrence has lately come under my notice. A very handsome thoroughbred fox terrier bitch, belonging to a friend of mine, strayed, and was missing for a day or two, and when found it was discovered that her right fore leg was broken. The limb was set under chloroform with the help of the Roentgen rays, and the dog made a good recovery. Several weeks afterward she gave birth to a puppy whose right fore leg—that is corresponding to the mother's broken limb—was ill developed and was minus the paw. The literature is full of cases of maternal impressions in the human family, but this contribution from the lower creation is, so far as I am aware, unique."—*N. Y. Med. Jour.*

BROMOFORM IN WHOOPING COUGH.—The JOURNAL-MAGAZINE has on several occasions given formulae containing bromoform, which are recommended in the treatment of whooping cough. The following is another found in a late number of the *New York Medical Journal*:

Rx. Bromoform	} Equal parts.
Tincture of aconite,	
Tincture of drosera,	
Alcohol,	
Glycerin,	}

M. To be given in daily amounts of from ten to twenty drops, according to child's age.

MALARIA IN AN INFANT.—Dr. W. A. Howard, in the October *Pediatrics*, reports the following as occurring in his practice in Tennessee: The family lived on a small stream that frequently overflowed its banks during the Spring and Summer and formed small supersaturated lakes around the house. The mother was attacked in August with the quotidian type of malaria, which continued until her accouchement on September 9th. A fairly healthy boy, weighing eight and a half pounds was born about 4 a. m. At 10 a. m. of the same day the physician was called and found the child in the algid stage of intermittent fever. On the following day there was a recurrence of the chill a half hour earlier than on the day previous. Under quinine inunctions, together with the internal administration of the same remedy to the mother, the child made a slow recovery.

The mother stated that before the child's birth on several occasions it became restless at about the hour the chill occurred after birth. The case is interesting from the fact that we are not generally given to expecting malarial manifestations in a child of this age.

A BACTERIOLOGICAL TRAGEDY.—

A gay Bacillus, to gain him glory,
Once gave a ball in a laboratory.
The fete took place on a cover glass,
Where vulgar germs could not harass.
None but the cultured were invited,
(For microbe cliques are well united),
And tightly closed the ballroom doors,
To all the germs containing spores.
The Staphylococci first arrived—
To stand in groups they all contrived—
The Streptococci took great pains
To seat themselves in graceful chains.
While somewhat late, and two by two,
The Diplococci came in view.
The Pneumococci, stern and haughty,
Declared the Gonococci naughty,
And would not care to stay at all
If they were present at the ball.
The ball began, the mirth ran high,
With not one thought of danger nigh.
Each germ enjoyed himself that night,
With never a fear of the Phagocyte.
'Twas getting late (and some were "loaded"),
When a jar of formalin exploded,
And drenched the happy dancing mass
Who swarmed the fatal cover glass.

* * *

Not one survived, but perished all
At this Bacteriologic ball.

—J. Lee Hagadorn, M. D., Los Angeles, in *Southern California Practitioner*.

POSTHUMOUS DIPLOPIA.—

There was a young doctor of Cork,
Who used to eat corn-meal and pork,
But now he cuts muscles,
And hurries and hustles,
And eats pie with a gold-plated fork.

He looks quite euphoric and wise,
Makes big mon. by the traffic he plies;
He cures epilepsy,
The piles and dyspepsy
By carpenter work—on the eyes.

But when all is over and done,
The devil will have his own fun!
He'll make him see double—
Two cauldrens a bubble—
Two hells where there is but one!

—Redston, in *Phil. Med. Jour.*

ALLEN COUNTY MEDICAL SOCIETY MEETINGS.—At the regular meeting of the Allen County Medical Society held on Tuesday evening, Sept. 19th, Dr. Hugh T. Patrick, of Chicago, presented a very interesting paper, illustrated by blackboard drawings, on "Diagnosis of Hysteria." The subject was altogether too broad to cover in one evening's talk, and in consequence Dr. Patrick confined himself largely to the disturbances of sensation and function of particular organs, especially emphasizing the migratory character of the exact line of anesthesia or hyperesthesia so common in affections of this character.

Dr. G. W. McCaskey, Fort Wayne, presented an interesting report of a case of brain tumor of the cerebellum, exhibiting specimen. Both papers were thoroughly discussed by the large number of members present.

At the meeting on Tuesday, Oct. 3rd, Dr. L. Park Drayer, Fort Wayne (City bacteriologist), presented an exceedingly interesting paper upon the subject "The Diagnosis of Tuberculosis." Dr. Drayer particularly emphasized the importance of adopting all well known methods of diagnosis in suspected cases of tuberculosis, but recommended as most conclusively deciding the diagnosis, injections

of tuberculin. His paper was based upon quite an extended experience in the use of tuberculin both in the human being and animals. He also quoted liberally from recognized authorities.

Dr. E. J. McOscar also presented a paper upon the subject, "Treatment of Tuberculosis." In this paper the essayist spoke particularly of the beneficial effects obtained by the administration of pure beech-wood creosote. While not condemning other well merited medication in this class of cases he thought that his success in the treatment of tubercular affections had been most pronounced when his patient was taking the creosote treatment. The gastric and other disturbances reported to be due to creosote treatment he had not observed, and thought that such ill effects as were frequently reported resulted from the use of either an impure drug or one not freshly prepared. In dosage, the essayist recommended that the quantity be steadily increased from five drops three times daily to twenty or even forty drops three times daily, depending upon the tolerance of the individual. The usual hygienic regulations should be observed.

Both papers were extensively discussed, the prevailing opinion among the members being that tuberculin is invaluable as a decisive test as to the presence or absence of tuberculosis. As treatment, pure beech-wood creosote, as recommended by Dr. McOscar, was considered good treatment, though many of the members were inclined to think that climatotherapy rigidly followed stood on a par with any and all medicine. The open air treatment, including life out of doors from six to eight hours daily except in the most inclement weather, and sleeping in rooms thoroughly open to the outer air and unheated, was considered applicable in this region and the most beneficial of all forms of treatment.

At the meeting of October 17th the following papers will be presented: "The Forcible Reduction of Spinal Curvatures," Dr. Frank Greenwell; "Operations for Talipes vs. Splints and Braces," Dr. C. H. English; "Treatment of Wry-neck," Dr. J. M. Dinnen.

SURGICAL HINTS.—"All hypodermic injections may be rendered less painful and more readily absorbed if the active substance is dissolved in saline solution instead of plain water.

In nursing women, every inflammation of the breast and nipple must be considered as having a bacterial origin, and should be treated like any other infectious process.

"In alcoholic coma always investigate the bladder. It is apt to be very full. If there is no stricture the urine would drain itself out after a while; but if prostatic or other stricture exist, a rupture of the bladder may take place.

"In administering chloroform to patients who have to be placed upon the side, as in some obstetrical operations, place them on the right side if possible, as the heart's action is much better under chloroform in that position than it is when the left chest is compressed against the table or bed.

"In men, the intense scalding during urination in acute gonorrhea may be relieved by urinating with the penis immersed in a vessel containing hot water. Women with gonorrheal urethritis may similarly be relieved by directing them to urinate while taking a copious hot douche, or while sitting in a warm sitz bath.

"After passing a catheter through a stricture with some trouble, it is better to wait a few hours before withdrawing it. If you do not, you may have just as much trouble in introducing another, whereas a catheter left in situ for a day or so, will dilate the canal and permit the passage of the constriction quite easy.

"In ankylosis resulting from disease still existing, passive motion is harmful. The only manipulation allowable in such cases, is for the purpose of placing the limb, if possible, in the most useful position. In deforming arthritis, knees should be straightened out and elbows bent to a rather acute angle under anesthesia. Then use rest with splints and ice bags to prevent inflammation.

"In women, climateric hemorrhages sometimes occur as the result of vasomotor disturbances, or of arterial sclerosis. It sometimes happens that several such hemorrhages take place prior to the final establishment of the menopause." Women at this period always attribute such an occurrence to the change of life; but the surgeon must invariably examine the patient on account of the strong chances of cancerous trouble."—*International Journal of Surgery*.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

A CASE OF MULTIPLE SCLEROSIS WITH ONE-SIDED TREMOR.—P. Remlinger (Rev. de Medecine, vol. 19, 1899, *N. Y. Med. Rec.*) reports a case which showed the following cardinal symptoms: There was an intention tremor of the upper and lower extremities, limited to the right side; exaggeration of the tendon reflexes, more marked on the right side; gait markedly spastic; tremor of the lower lip; diminution in sight due to beginning optic-nerve atrophy; slow speech with monotonous and scanning cadence. These symptoms had been developing for the past six years, during which time the limitation of the tremor to the right side was remarkable, being so constant.

THE TREATMENT OF GOITRE WITH THYROID EXTRACT.—Dr. Kennedy, in the *New England Monthly*, reports the histories of five cases, and comments thus:

I have the pleasure of reporting that I have succeeded in entirely curing two cases of goitre and in markedly relieving four others by the use of thyroid extract.

All my cases were uncomplicated, there being no tachycardia or exophthalmos in any case. In fact, they were ideal cases for experimental study. In my experience thyroid extract is apparently not of service in cystic degeneration of the gland. In that condition the mercurial is more efficient. I do not believe that any cystic goiter can be entirely cured by the use of thyroid extract alone. I also have found it useless to depend upon the internal administration of iodides.

It is my opinion that the only remedies of value are thyroid ex-

tract and red iodide of mercury ointment, and with these results were always apparent in a few weeks.—*The Chicago Clinic*.

TUBERCULIN AS A DIAGNOSTIC AGENT.—After noticing the defective measures formerly in use, and giving the facts of the tuberculin reaction as best understood at the present day, Head gives the results of 487 recorded cases of tuberculin injection given for diagnostic purposes, as collected by himself from the literature and elsewhere. Of the 487 cases, 54 per cent reacted and 46 per cent. failed. In 136 cases 83, or 61 per cent., were demonstrated as tuberculous by operative, post-mortem and bacteriologic evidence. In 83 undoubtedly tuberculous cases, nearly 5 per cent. did not react and this failure was due in at least one case to the small doses given and to the establishment of a tolerance. The tuberculous cases which failed to react were, so far as he could ascertain, far advanced in the disease. In 12 apparently healthy individuals, 1 reacted. In 64 supposedly non-tuberculous diseases 18 per cent. reacted. From a study of these cases, Head thinks it probable that no pathologic state reacts to tuberculin in any marked per cent., if at all, except those caused by the tubercle bacilli, and that 92 per cent. of pulmonary tuberculosis shows the reaction. In 71 per cent. of the cases of enlarged cervical glands. In 88 per cent. of the cases of acute pleurisy; in 100 per cent. of the cases of chronic pleurisy; in 91 per cent. of the cases of tuberculosis of the joints; in 100 per cent. of the cases of tubercular peritonitis; in 100 per cent. of the cases of Addison's disease, and in 100 per cent. of the cases of lupus, the reaction occurred.—*Journal Am. Med. Ass.*, abstract from *St. Paul Med. Jour*.

THE MOSQUITO-THEORY OF MALARIA.—In his recent striking address before the German Colonial Society, Koch gave his adhesion to the mosquito-theory of malaria. Beyfuss, (*Archiv für pathologische Anatomie und Physiologie und für klinische Medizin*; *Phil. Med. Journal*) reports an interesting observation that tends to weaken this theory. There is no region on the globe which has as many varieties of mosquitos as the west coast of Borneo. Stagnating streams and marshes abound, in which the moisture and temperature favor decomposition and offer the best conceivable soil for the development of the malarial organism. Yet the district is quite immune from malaria, which the author explains on the ground that

the recurrence of ebb and tide in the Kapua river is so marked that the alluvial soil never dries out, but is always covered with a layer of water. In December, 1890, a dam was constructed near the officers' quarters, the material of which was taken from the marshy regions, and within twenty-four hours after the earth was exposed to the sun, malarial infection traveled from house to house, and the progress of the disease coincided with the progress of the earth works. The infection did not involve any other dwellings in the district, except those near the dam. It is scarcely probable that mosquitos, if they were the bearers of the germs, would have remained in the infected region. They would more likely have carried the disease to other parts. The author seems to think that the malarial organism multiplies outside of the body, and is carried in the air in some "Dauerform," and is inspired; if the mosquitos do play a part in the carrying of the infection, they form only one of the various ways in which it is introduced into the body. Koch had maintained that the infection, through the agency of mosquitos, usually occurred at night, but this is contrary to the author's experience. It would also be difficult to explain on the mosquito-theory the rapidly spreading pandemics, such as have been observed in Java. If the views of Koch are correct, malarial patients who are transferred en masse to hygienically favorable and malaria-free districts should, in time, transmit the disease, indirectly perhaps to others; but at no time was such dissemination of malaria brought about by the hundreds of gravely-infected persons who were transferred during the twenty-five years' Atjeh-war to immune localities. Koch maintained that malaria is absent in the tropics on mountains above the 1,200 meter-line; but the coffee planters of Java, who have erected their dwellings on volcanic mountains at levels of from 1,000 to 1,500 meters, in regions free from mosquitos, suffer severely from intermittent fever. The incubation period of malaria may be as short as twenty-five hours, and the author cites the instance of a Dutch mail-steamer which anchored for only one day at the Javanese port of Panaroekan. None of the passengers left the ship, yet in 24 hours after its departure malaria broke out among the passengers, even those who never had had the disease. Koch warned against the excessive use of quinine, believing that it favored development of the dreaded black-water fever (Sschwarzwasserfieber). This possibility is denied by Beyfuss. Koch expressed the opinion that a patient stands but little chance of recovery, wherever he might go, so long as the

malarial parasites are demonstrable in his blood; but Beyfuss is convinced that emigration of malarial patients to non-infected mountains has the happiest results.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

CURE OF MAMMARY CANCER BY OOPHORECTOMY AND ADMINISTRATION OF THYROID EXTRACT.—G. Ernest Herman reports a case of the above nature which still remains well 14 months after the cure.—(Abstract in *Am. Gynecol. and Obstet. Journal*.)

TO REMOVE BLOOD FROM CLOTHING.—Dr. J. T. Rugh (*Phil. Med. Jour.*, Aug 12, '99), says that blood stains may be effectually removed from clothing by peroxid of hydrogen applied in full strength. He has never seen clothing bleached by the peroxid.

CURLED HORSEHAIR IN PLACE OF A SCRUBBING BRUSH.—W. S. Forbes (*Monthly Cyclopedia of Prac. Med.*) recommends ordinary curled horsehair instead of the scrubbing brush for cleaning the skin. It may be cleansed by boiling or immersion in bi-chloride solution. It certainly has the advantage over the brush of being cheaper.

INJURIES OF SPINAL CORD.—P. R. Bolton (*Annals of Surgery*, Aug., '99) concludes that there are no therapeutic nor surgical indications in any of the various injuries of the spinal cord save in cases of open wounds. In these cases operative interference is advised for the purpose of removing foreign bodies, facilitating disinfection, preventing more extensive necrosis, and to facilitate drainage.

INVERSION OF THE UTERUS.—At the recent meeting of the Am. Gynecological Society, Dr. E. P. Davis called attention again to the danger of producing inversion of the uterus through misapplication of Crede's method of delivering the placenta. Crede's method compresses the uterus, as Dr. Davis points out, antero-posteriorly and

therefore causes no dimpling of the fundus and can not produce, but will rather prevent inversion. Expression of the placenta by pressure upon the fundus is not Crede's method, but is often improperly so-called.

PAROTID GLAND EXTRACT IN THE TREATMENT OF OVARIAN DISEASE.—Dr. E. Pierre Mallett (*Am. Gynec. Col. and abs. Journal*, July, 1899) speaks very encouragingly of the use of parotid gland extract in diseases of the ovaries and reports a number of cases in his own practice supporting his opinion. It certainly seems that enough evidence has been produced to warrant the use of this remedy, before resorting to surgical measures, in those cases wherein **no gross** pathological changes, which would clearly call for surgical intervention, can be discovered. This remedy is said to relieve the pain of dysmenorrhoea without regard to the pathological conditions present. It relieves the aches and pains in the back and ovarian regions usually called ovarian neuralgia.

It regulates menstruation as to periodicity and amount. It acts as a general tonic and almost always relieves the headaches these patients suffer from. In artificial climacteric (from double salpingo—oophorectomy) it increases the patient's suffering.

A NEW METHOD OF TREATING NON-MALIGNANT STRICTURES OF THE RECTUM.—Dr. Bacon, of Chicago, (*Jour. Am. Med. Asso.*, Sept., 16, 1899) advocates a new, original and, we may say, unique method of operating on non-malignant strictures of the rectum. The doctor's idea is the establishment of a mucous fistula around the stricture first, then the stricture is divided. He claims that the mucous fistula prevents the reformation of the cicatricial circle. In strictures located above the levator ani the abdomen is opened and the sigmoid above the stricture united with the rectum below the stricture with the aid of a Murphy button or by sutures. After the button comes away or union has been established, the stricture is divided by pressure necrosis induced by applying a pair of forceps, one blade being introduced through the stricture and one through the new canal, and then locking them and placing a rubber band over the handles and leaving it for two days, when the forceps are clamped and left until the stricture is divided. In strictures below the levator a large braided silk thread is carried around the stricture with an aneurism needle and left as a seton for three months, when

a grooved director is passed through the fistula and the stricture divided with a Paquelin cautery. The seton should enter well below the stricture, pass backward to the coccyx and emerge again into the rectum well above the stricture so as to include all cicatricial tissue. From a theoretical standpoint the operation does not commend itself, but the results from all other methods devised have been so discouraging both from the mortality and the number of failures to cure that we hope that Dr. Bacon's method may prove to be more successful. Dr. Bacon reports a number of perfect successes following this operation.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

MAKING WOOD ALCOHOL.—It is necessary first to convert wood into liquid. The strongest hydraulic pressure would not squeeze one-half of 1 per cent. of the moisture from dry wood, but by putting the same material into an iron retort and converting it into charcoal by means of heat the gases and smoke, to the extent of fully 65 per cent. of the weight of the wood, may be condensed into pyroligneous acid, from which are obtained wood alcohol, acetate of lime and wood tars. A cord of wood weighing 4,000 pounds produces about 2,650 pounds of pyroligneous acid and 700 pounds of charcoal. The pyroligneous acid from one cord of wood produces 9 gallons of 82 per cent. crude wood alcohol, 200 pounds of acetate of lime and about 25 gallons of tar, besides 35 bushels of charcoal. After the pyroligneous acid is neutralized with lime the wood alcohol is distilled off, the lime holding the acetic acid in solution. After the separation of the wood spirit the remaining liquid is boiled down in pans to a sugar, which is dried, and becomes the acetate of lime of commerce. Acetate of lime is used for making acetic acid.

Fully three-fifths of all the wood alcohol and acetate of lime produced in the world are made in the United States. Over 15,000 acres of forest per year are cleared in the United States. Wood alcohol affords a perfect substitute for grain alcohol for manufacturing and mechanical purposes, and at less than one-third the cost. It is

used principally as a solvent in the making of shellac varnish and in making celluloid and photographic paper. It makes beautiful dye tints, is antiseptic and is used for liniments and for skin rubbing in bathhouses.—*Wine and Spirit Gazette*.

FORMALDEHYDE FROM WOOD ALCOHOL.—With regard to the use of Formaldehyde for the preservation of food, the following extracts from German medicinal papers will be interesting:

According to the *Deutschen Medizinischen Wochenschrift*, 1896, Par. 626, Paul Rosenberg took a dose of sugared milk solution mixed with Formaldehyde; he began with 0.015 gr. of Formaldehyde and increased the dose to 0.06 gr., taking it four times a day. His general condition remained good continually. The microscopical examination of the blood showed that the same was absolutely not affected.

In the same paper "Blum" reports that he had made several experiments on tamed rabbits, in so far as he administered to one rabbit 1.5 gr., 40 per cent. Formaldehyde mixed with 20 gr. of water; at another time he gave a different rabbit 0.6 gr., and a few days later he injected into the stomach of the same rabbit 1.2 gr. in 20 ccm. water. On the first day the animals showed loss of appetite, on the second and for the following days they ate just the same as formerly.

According to the *Munchener Medizinischen Zeitschrift*, Friedlander reports, referring to Aronson, that dogs can stand 3 to 4 gr. of Formaldehyde without any effect whatsoever.

Aronson made an experiment on himself, at which he took 5 gr. of Paraformaldehyde—100 per cent. per day—without any disagreeable symptoms. Aronson also administered in twenty cases of nausea with children doses of from 0.05 to 0.1, with excellent results.

The consequence is, that if no bad effects could be observed after taking such strong doses, how much less injurious the effect of Formaldehyde must be if taken as an admixture in nutriment, when it is diluted 1-1000, and even more?

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

EPISTAXIS CAUSED BY A LEECH.—*The Lancet* of Sept. 16th, reports a case of epistaxis in a child caused by a leech which was found attached to the posterior nares. It was supposed that the leech had been conveyed to the individual by drinking from a spring, and the case was reported of interest to those who practice in districts where leeches are present in water.

STREPTOCOCCI AS INFLUENCING THE PROGNOSIS IN OTORRHOEA.—Dr. B. F. Church, in the *Southern California Practitioner*, says that the presence of streptococci in the discharge of otorrhoea warrants an unfavorable prognosis as compared to the cases of otorrhoea in which streptococci are not found. He therefore believes that microscopical examination of the discharge is essential as an aid to prognosis.

SIMPLE GLAUCOMA IN A GIRL SIXTEEN YEARS OF AGE.—Dr. S. C. Ayers, in the *American Journal of Ophthalmology*, reports a case of glaucoma occurring in a girl sixteen years of age, in which one eye had been entirely lost prior to coming under his observation, the vision in the left eye being saved by an iridectomy. The usual well marked symptoms of glaucoma were present, and the case is interesting because of the age of the patient.

TREATMENT OF ACUTE OTITIS MEDIA FOLLOWING INFLUENZA.—Theobald recommends the following in the early stages when the pain is pronounced:

Atropia sulphate.....1 grain.
Cocain muriate 2 grains.
Distilled water.....2 drams.

Met. Sig. Eight drops poured into the ear three or four times per day.

He sometimes finds this efficient when others would resort to paracentesis.

PREVENTION OF NASAL CATARRH.—Dr. F. C. Roberts, in *The Laryngoscope*, says that since catarrhal processes usually begin in childhood, efforts should be made to prevent the development of these conditions. This can be generally done by the use of proper clothing, the bath, attention to the digestive apparatus, exercise and fresh air, and last but in no wise least by such local treatment of the nose and throat which may be necessary to insure nasal respiration and drainage. Our bodies should be accustomed to sudden changes. Woolen underwear sufficient to make the body comfortable, no more nor no less, is recommended. Out door air should be encouraged, as also the proper ventilation of living rooms and schools. For the purulent rhinitis so common in children, nothing is better than thorough cleansing with a warm alkaline and antiseptic solution applied by means of a soft rubber ear syringe.

THE MECHANICAL TREATMENT OF PTOSIS.—Dr. Edward B. Heckel, in the *Pennsylvania Medical Journal*, describes in an illustrated article a device which he has successfully used for the relief of ptosis. He found that a German oculist had reported a horn spectacle with a horn rim in the upper plate which, when the spectacle was adjusted on the nose, pushed up and kept up the drooping eye lid, thus acting as a sort of crutch. Dr. Heckel modified this idea by the attachment of a piece of gold wire to the upper rim of an ordinary spectacle frame, bent in a fashion somewhat resembling the curved flange on Noyes' improved eye speculum, but situated, of course, when in position, externally to the eyelid instead of between it and the ball. The proper adjustment must be made by the surgeon so as to assure accuracy and comfort. It is asserted that this appliance, by reason of its elasticity, does not irritate the eye and permits of both winking and closing it. The author has used this device successfully in four cases.

SEVERE AND THREATENING COLLAPSE AFTER AN OPERATION FOR NASAL POLYPI.—Dr. Max Breitung, in the *Wiener Klin. Wochenschr.*, reports the following:

"The patient, a man well up in the fifties, was the subject of a moderate degree of arteriosclerosis. Heart action not quite regular. Operation without cocaine. During half an hour fifteen polyps were removed. No bad symptoms whatever during the operation, but at its close the patient suddenly exclaimed: 'I feel bad,' the eyes be-

came fixed, the lower jaw fell and insensibility supervened. The pulse disappeared and respiration was scarcely perceptible. The author at once commenced artificial respiration and at the end of fifteen minutes was rewarded by seeing slight irregular respiratory movements, while at the same time the pulse became perceptible. Gradually the normal condition was restored. The author is inclined to attribute the accident largely to fear. This cause, together with a heart enfeebled by the disturbed nasal respiration, led to the sudden collapse. No cocaine was used, so that nothing can be attributed to the action of that drug.

The author is of the opinion that we ought always to be careful about operating on aged people, and particularly if arteriosclerosis is present.—*The Laryngoscope*.

MEDICAL SUPERSTITIONS.— To cure a goitre, rub in oil from a lamp, especially from a lamp that has burned by a death-bed.

For gout, wear a copper ring made from a coffin nail, or carry a snake skin, potatoes, chestnuts or the tooth of a mole, or a dried toad.

For alcoholism, drown an eel in brandy and make the drunkard drink it.

For impotence, drink a glass of mother's milk.

For stomach trouble, beer poured over a red-hot horseshoe is helpful.

To cure warts, rub the wart with a potato and give the potato to a pig.

If a child is puny or low in vitality, bore a hole in a young tree, at exactly the height of the child. Drive a plug into this hole along with some hairs of the child's head. The belief is as the tree continues to grow so will the child.

Freckles may be removed by washing in water contained in a hollow stump three successive mornings before sunrise.—*Charlotte Med. Jour.*

BOOK REVIEWS.

OVER 1,000 PRESCRIPTIONS or Favorite Formulae of Various Teachers, Authors and Practicing Physicians. The whole being carefully indexed, and including most of the newer remedies. Cloth, 300 pages, postpaid \$1.00. *The Illustrated Medical Journal Co.*, Publishers, Detroit, Mich.

This is the second edition of this handy manual, and is just from the press; it has nearly 100 pages of new matter added. There are about 2,000 different prescriptions given in the volume. We notice that many of the newer remedies are among the prescriptions, thus bringing the treatment of many of the diseases down to date. Both old and new writers of both home and foreign countries are represented among its formulae.

Blank pages are frequently introduced, so that a handy place is furnished for recording any new prescription that one might wish to preserve. A very complete index is furnished.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by Hobart Armory Hare, M. D., professor of therapeutics and materia medica in the Jefferson Medical College of Philadelphia, etc. Volume III. September, 1899. Diseases of the thorax and its viscera—diseases of the skin—diseases of the nervous system—obstetrics. Lea Brothers & Co., Philadelphia and New York, 1899.

The third volume of this important serial publication has just been received and fully maintains the high standard of the two preceding volumes which were reviewed at length in these pages. The present volume deals with diseases of the thorax and its viscera including the heart, lungs, and blood vessels by William Ewart; diseases of the skin by Henry W. Stelwagon; diseases of the nervous system by William G. Spiller; obstetrics by Richard C. Norris, closing with a copious index which is one of the most highly appreciated features in any volume to be utilized by busy practitioners.

The first section on diseases of the thorax is a very valuable addition to current literature and is a critical resume of current literature from the standpoint of a well known practical clinician. Some interesting points are given with reference to auscultation and percussion. With reference to Röntgen rays he says: "A great future lies before radioscopy and radiography in connection with diseases of the thorax, a cavity within which the viscera are even further removed from direct exploration than those within the abdomen." He further notes some important work with X rays in studying the relations of the trachea and bronchi to the thoracic walls; and also to the fact that the diaphragm has been brought under indirect inspection by the same means so that its movement can be accurately observed.

In the treatment of empyema he says that the "Resection of ribs as a primary procedure is losing some of its popularity. Various observers, and among them Samuel West, believe that it is often superfluous." The same thing may be said of irrigation of the pleural sacs which "in view of the serious complications with which it is sometimes attended, its use might wisely be restricted to cases with special indications."

With reference to pneumonia the pneumococcus serum has been shown by Bezancon and Griffon to possess agglutinative properties which he regards of great diagnostic value, and which is, of course, parallel to the Widal reaction in typhoid fever. The constant presence of the pneumococcus has also been demonstrated on the surface of the tonsils of 40 healthy persons. With reference to treatment several observers attribute to digitalis a specific action upon the pneumococcus—a point of much interest.

Pulmonary tuberculosis naturally comes in for extended notice; its remarkable prevalence and fatality being adverted to, causing for instance 170,000 out of the 1,300,000 of the total deaths in Germany. Even more startling than the 70,000 annual fatalities from this disease in England is the estimate by Lindsay that no less than a quarter of a million of the inhabitants of the British Isles are at the present time affected with phthisis. The identity of avian and human tuberculosis appears to be fully established. With reference to heredity the doctrine of immunity is credited with rendering the progeny of tuberculous parents even less rather than more liable to the disease, and interesting if not conclusive data are given in support of this view. Serum agglutination also bids fair to be added to the diag-

nostic aids of tuberculosis supplementing the microscope and the X rays as confirmatory of physical signs or more important still anticipating these. It is a curious fact that while tuberculin is discussed at some length as a measure of treatment, no reference is made to its diagnostic value. Altogether the work done upon tuberculosis during the past year, which is too extensive to receive elaborate notice here, is a distinct advance all along the line in the combat with this dreadful disease compared with which the combat of St. George with the dragon was mere child's play.

The section on diseases of the skin is one of interest to general practitioners who inevitably have to deal unaided with a large contingent of dermatological cases. The tuberculous nature of lupus erythematosus as well as the fully recognized lupus tuberculosis appears to be the prevailing view, dissented from, however, by a large number of British dermatologists. Here again, while definite results are claimed from tuberculin treatment, I have been unable, in a somewhat hasty reading, to find any reference to its diagnostic value, which certainly is worthy notice.

The section on diseases of the nervous system opens with a discussion of cerebral tumor, giving synopses of many interesting cases. While operation is still advocated in selected cases a rather pessimistic view is taken of the outcome, which is generally fatal, and not unfrequently the operation itself is a failure. For instance, Byrom Bramwell says that in 123 cases of intracranial tumor which had come under his observation, operation has been performed in 14, and in none of these had a tumor been successfully removed. He believed in operation, however, after a reasonable time, when drugs failed. Reference is made to a case by Goldscheider in which the choked disk disappeared after lumbar puncture. An interesting point is mentioned with reference to the dosage of potassium iodide in which Schuster reports a case of glioma of the cerebellum in which the drug was given at Wernicke's suggestion in large doses *up to ninety grains a day*. Spiller well says, "Some of our countrymen would hardly consider these doses very large." I have given 200 grains a day in cases of brain tumor and brain syphilis and other American clinicians have exceeded this amount.

Mendal makes the interesting observation that the typical form of parietic dementia, with ideas of grandeur and states of excitement, is not as common as formerly, and dementia now occurs more frequently. Long remissions are more often seen. The disease is

more common, and females are more often victims than they were some years ago; the disease also develops in youth more frequently.

With reference to locomotor ataxy one of the most interesting communications is that of Guttman who brings forward arguments to prove that tabes is not due to syphilis. Syphilis, for instance, is exceedingly common in Berlin, while tabes is not. In the island of Jeddo syphilis was found to form about 10 per cent. of all disease in 60,000 cases, and yet among these patients tabes occurred only five times, and only once in a patient in whom syphilis could be demonstrated. Tabes is rare in Bosnia; syphilis is common. Tabes is rare among negroes; syphilis is common. This is somewhat of a revulsion of opinion, but still is in perfect harmony with the views held by advanced clinicians that tabes is really not a syphilitic disease, but is due to a blood state which may be and frequently is the result of syphilis, but also may be and frequently is the result of other causes. An interesting diagnostic point referred to is the occasional loss of the knee jerk in cases of brain tumor and degeneration of the posterior nerve roots thus easily leading to the mistaken diagnosis of tabes.

Some interesting observations are reported by Greene, Wilson and Rothrock in cases of Landry's paralysis in which the microscopical findings were those of anterior poliomyelitis and which were attributed to auto-intoxication of intestinal origin. The responsible micro-organism is not always the same, and the lesions may therefore be dissimilar.

Some interesting studies were made of the toxic changes in the nerve cells resulting from auto-intoxication from intestinal disease by Mueller and Manecadide. They found important changes in each of seven cases.

The section of obstetrics opens with an important discussion on the toxæmia of pregnancy, such toxic states being attributed to the micro organisms inhabiting the alimentary canal, the secretions, excretions, and products of metabolism. Advanced workers are recognizing more fully the paramount importance of auto-intoxication as a constant factor in the majority of patients and a factor which must always be reckoned with.

The hypertrophy of the heart during pregnancy, upon which doubt had been thrown by Gerhardt and others, has been corroborated by Ducrest and Gollinger by the examination of the hearts of one hundred and seventy-six women who had died in the puerperal state. Vaquez and Millet, however, still maintain that the evidence

of such hypertrophy occurring as an independent result of the puerperal state will not stand scrutiny because observers have not taken into account complicating diseases such as Bright's disease. Space will not permit more than a brief reference to extra-uterine pregnancy which it is now maintained is always of either tubal or interstitial origin, other varieties arising from these. I will close this review by giving the following points in the diagnosis of this condition because of its supreme importance and the necessity of calling in a surgeon at the earliest possible moment if the life of the patient is to be preserved:

1. A patient within the child-bearing limits of age and one in whom pregnancy is possible.
2. She has recently been in good health.
3. It is more likely than not that several years have passed since her last pregnancy.
4. There is a history of some amenorrhoea accompanied or followed by
5. Regular uterine hemorrhage, occasionally profuse and red, but generally dark in color, moderate in amount, and persistent.
6. There may be a history of the discharge of some membrane either as a complete decidual cast, or in two or more pieces, or in threads.
7. Examination will find pulsating vessels in the vaginal vault on one side of the uterus.
8. On the same side, and extending back of the uterus, there is usually a tubal tumor.
9. This tumor enlarges markedly and suddenly by recurrent hemorrhages and by the formation of a haematocele directly continuous with the original tubal tumor.
10. These hemorrhages are accompanied by severe abdominal pain and by transient attacks of peritonitis.
11. The uterus is displaced by the haematocele—at first backward, afterward to the opposite side of the pelvis, and sometimes forward against the pubes.
12. The uterus, although slightly enlarged, may be proved to be empty.

G. W. M.

FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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NO. II.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

FORCIBLE CORRECTIONS OF SPINAL CURVATURES.*

By DR. FRANK GREENWELL,
Huntertown, Ind.

The use of force for the correction of spinal curvatures is not a new operation, as it is said to have been practiced by Hippocrates in the fifteenth century and by Ambrose Pare in the sixteenth century.

That it fell into disuse from the time of Ambrose Pare until revived by Calot, of France, in 1897, is a fact, but it would seem difficult to explain why, if it was beneficial then, it should fall into disuse for almost three centuries.

In eighteen hundred and ninety-seven (1897) Calot reported thirty-one cases, all of which he considered very much benefited by the reduction of the kyphosis rapidly by force, and that no unfavorable conditions resulted, either immediate or remote, except in two cases which subsequently suffered from abscess.

These cases attracted the attention of surgeons throughout the world. Redard, a fellow countryman of Calot's, gave the operation considerable attention and recorded his experiments and conclusions in a paper read at Moscow. He does not think so much should be expected from the operation as Calot claimed for it, al-

* Presented before the Allen County Medical Society, October 17, 1899.

though he is favorable to the adoption of the method and says that in selected cases advantage may be secured from its use if carried out with prudence.

Since the publications of Calot and R  dard appeared, the operation has been performed by many surgeons in Europe, but by comparatively few in conservative and common-sense America. Considerable comment in magazine literature has been indulged in both here and abroad, the majority of writers favoring the operation in suitable cases.

The method of Calot is on trial before the orthopœdic surgeons of the world. Will the jury agree? Let us inquire what advantage is obtained from the operation when no bad results follow. One, and one alone—the correction of the deformity. It is not curative; the correction of the angle does not cure the osteoarthritis, probably does not shorten the time required for recovery to take place when properly treated by other means, but simply corrects or improves the deformity. Yet the curved spine with the attendant distortion of the chest and uncanny appearance, together with all the physical inconvenience resulting, are of sufficient importance to deserve serious consideration. Any plan that corrects these conditions with a minimum risk to the life of the patient will be pretty certain to be universally followed until a better one is found.

The manner of applying force, as practiced by Calot, is to have assistants make strong extensions on the head and feet while the operator presses upon the boss with his hands, and particularly the palms, using enough force to correct and frequently to overcorrect the deformity.

Redard applied force with some kind of leverage, so arranged as to take the place of the hand pressure applied by Calot, but he reports sloughing in about twenty per cent. of his cases, supposed to be due to this form of applying the force.

It would seem better to use Calot's method, in fact in any operation where force is used, if applied with the educated hand of the surgeon, the results are likely to be the best and should be preferred.

It is generally conceded that the method is attended by some danger, but what surgical procedure in a disease so serious as this is free from danger? The important factor to be considered is whether the risk is more than that taken if any other form of treatment be adopted, granted that results are equally good or better.

I suppose the proposition may be laid down, that, barring the conditions in which there is the presence of pus, such cases recover quickest, but with the deformity, when put at rest by fixatives apparatus, due attention being given to diet and hygienic conditions.

While surgeons are usually anxious to correct the deformity parents will usually prefer that the deformity go untreated rather than than take such steps as might even in slight degree endanger the child's life in an effort to secure perfect symmetry of form.

What are the dangers of the operation? Paralysis is most dreaded, and most surgeons are surprised that more cases have not followed forcible reduction. It is evident that the higher up the spinal column, the greater the risk to life in case paralysis does occur. Therefore, the location of the deformity has a decisive influence on the possibilities of the operation being favorable in its results, in fact nearly all surgeons advise against attempts to correct this condition when it exists in the cervical region. Much care must also be exercised in selecting cases for operative interference when the deformity is situated in the upper dorsal region. The most promising and safest for operation are those cases in which the deformity is in the lower dorsal and lumbar regions.

Shock is an element which most surgeons will consider in counting up the risks to be taken. Location will not influence this item greatly, though high angles, of long duration, with great deformity, may suffer more severely on account of sudden change of the relative positions of chest wall and chest contents.

The danger of breaking up and rendering active latent abscesses is one of the possibilities and should receive some consideration. The application of force to correct a marked angularity is thought to be sufficient to incite an inflammatory condition in which pus may be a prominent factor even though pus had not been present before.

The inflammatory action is usually increased by the disturbance of the parts, and in case firm ankyloses are broken up, material for the formation of bone will be thrown out, and this, if encroaching upon the spinal canal, might at a period somewhat remote from the correction, result in paraplegia.

What are the cases apparently most favorable for the application of this method? Certainly those occurring in young subjects with the deformity below the middle dorsal region and of so short a period of duration as to yet be easily movable. As age in-

creases, both of patient and disease, the chances of success decrease in an inverse ratio to the number of vertebra involved in the tubercular infection.

The presence of pus is an unfavorable factor and the general health of the patient is often a bar to operative procedures.

It would in most cases be useless torture to attempt to straighten a distorted spine in a patient suffering from well developed tuberculosis in some other part of the body.

After the age of twenty years a very firm ankylosis should be let alone unless paraplegia exists. If paraplegia exists almost any operation, no matter how great the danger if there is yet a small hope of relief, I think would be justifiable. And yet the pressure may not be due to the angular condition of the canal, for thickening of the spinal dura may be the cause, and correcting the curved spine would result in disappointment.

In all cases where correction is contemplated the case itself should not be timid, yet weigh every factor and condition, not forgetting that correcting a deformity like this is an incumbent duty if it can be done with a reasonable degree of safety. The parents should fully understand the facts, the possibilities and probabilities of both success and failure, and the surgeon with a full understanding of the case, must exercise conservative judgment in his decision as to the adoption of surgical interference in each and every case. I believe the operation for forcible correction of spinal curvature will stay with surgery, but I think it will be found to apply to a much smaller per cent. of cases than Calot at first thought.

I can find no statment as to the degree of mobility of backs straightened by this method. After the angularity has been corrected and the spine rendered immobile, ankylosis must be the result. In cases where four or five vertebra are thus consolidated the result must be a very imperfect spinal column. After all, the deformity is only corrected so far as the erect position is concerned. These after results will, no doubt, have an influence in deciding the utility of this method of treatment.

TEMPERAMENT AND DISEASE, OR "THE NEW HUMORAL PATHOLOGY.*

By ALBERT E. STERNE, A. M., M. D.,
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Professor Nervous and Mental Diseases, Central College of Physicians and Surgeons; Consulting Neurologist to the City Hospital and Dispensary and to the Deaconess Hospital; Member Marion County and Indiana State Medical Societies, American Medical Association; Mississippi Valley Medical Association; New York Medico-Legal Society, etc., etc.

Mr. President and Gentlemen:—Doctrines of physiology and disease, like events of history, sometimes repeat themselves. So it comes to pass that from the evolution of medical thought and fact, the most recent knowledge of physical metabolism takes its origin. To-day we teach of auto-antoxidation, or self-poisoning of the individual,—the outcome of sound scientific bacteriological research—and it brings us dangerously near the theories of ancient medical philosophers, who with keen observation, but slight scientific explanation, taught of a humoral pathology, at least as far back as Hippocrates (460-377 B. C.). The modern ideas about the animal alkaloids (ptomaines, leucomaines, and other organic toxins) and the therapeutic administration of the various animal extracts certainly substantiate this view. In many respects, therefore, what I am about to say, may be designated, as "the newer humoral pathology."

Normal physiological-chemistry is the *art* of living, is health; the abnormal is the *ab-art* of life, its aberration, is disease.

The question then arises simply, what constitutes health, and whence arises disease? Health, the expression of normal animal economy, depends upon three conditions, namely, assimilation, reaction and disassimilation. (Lyman.) All matter serving as fuel to the organism must be taken up, must be converted from mere inert substance into living particles (assimilation), carried to the various body-organs and tissues where it exerts its functional purpose (reaction), and thence, with other useless products of the chemical changes, is conveyed to the excretories, and reappears once more as non-living excreta (disassimilation). This cycle is nutrition in its broadest sense; is the physiological-chemistry of life. To its fulfillment certain conditions are necessary, comprising the material and spiritual elements of the organism. These

* Read at the Meeting of the Mississippi Valley Medical Association, Chicago, October 5, 1899.

two represent the body-constitution and the body-temperament, terms in use for ages, but vaguely understood. Notably is this true as regards temperament.

Philosophic tradition has handed down to us a temperamental classification, in vogue even at the present time, which has a certain justification, viewed exteriorly. In reality, however, it is founded upon a misconception of the term "temperament." The old classical distinction of temperament formed a quaternion, or group of four, to-wit: 1. The choleric; 2. The melancholic; 3. The sanguine, and 4. The phlegmatic. These designations have maintained themselves, with slight changes, to our day, though they rest upon more or less groundless theory. It is true that from the study of the vast mass of individuals, some such grouping as the above seems correct, but its sole support is an outward manifestation of temperament, not the underlying forces or train of forces itself. From time to time, other theories of temperament have been advocated (Cabanis, Paulhan, George, Wundt, Lotze) but all of them rest upon the erroneous foundation of external adornment. *Wundt* (Physiolog. Psychologic Vol. 2, p. 345 f. f.) accepts the four-fold group, but insists that all workings of the mind depend upon two factors, strength and speed. He, therefore, pairs the temperaments into fast and slow, and strong and weak, as follows:

	<i>Strong</i>	<i>Weak</i>
Quick	Choleric	Sanguine
Slow	Melancholic	Phlegmatic

Unfortunately here, too, the essential meaning of temperament is lost sight of.

Lotze (*Mikrokosmos*, Vol. 2) regards no single designation as aptly pertaining to ordinary individuals, but believes each and every one of the quaternion may be manifested by the same person at diverse times. To him, childhood represented the sanguine with its precocious receptivity; youth shows the sentimental (melancholic), middle life, the choleric, and old age, the phlegmatic. Here again, we find elements of truth, but the foundation is unstable, and Lotze frankly admits that the doctrine of temperaments is vague and undeveloped.

It seems to me that the reason of this uncertainty lies near at hand. The older writers understood not at all the correct conception of temperament, and many modern medical philosophers,

too, had slight knowledge of its meaning. As a matter of fact, very little has been written upon this subject, even standard works on Medicine, organic chemistry, physiology and philosophy, passing it by without mention. Men who have been epoch-makers in the world of thought and matter, like Darwin, neglected it almost wholly.

It remained for students of organic metabolism to bring a clearer light to bear upon the essence of temperament and, in some measure, to distinguished it from other fundamental elements of health and disease.

The modern idea of this term is possibly best conveyed in the words of Bouchard. He defines "temperament" as "the dynamic characteristic of the organism." In other words, it is all that which concerns the individual variations of the nutritive activities. It is, therefore, wholly internal, yet has an external manifestation, which can, it seems to me, be best described by the word "disposition." It is this latter term which was formerly meant by temperament. Yet the two are by no means identical. Individual "disposition" is merely the outer visible mark, through the study of which, oftentimes approximate conclusions as to the nature of the fundamental internal processes of nutrition may be gained. Herein, I am, I believe, speaking advisely, for it must have occurred to many of you frequently that you have been able to form nearly definite ideas of individual conditions, by the movements, expression, manner and speech of individuals, conclusions which were possibly substantiated by subsequent physical examination. This statement is noticeably true as regards children's acts and thoughts.

Disposition is, then, the visible measure of temperament, of innate nutritive forces. That every individual seems to possess a certain "natural disposition" is an observation readily made by the study of the daily life, in thought and action, of those about us.

Sometimes, it is true, this natural trend seems to undergo marked changes even to become totally lost, but close scrutiny usually reveals an innate tendency apparent to the demise of the individual in question. The changes merely mark the momentary effect of extrinsic causes acting upon the nutritional forces, the perception of which usually fades from the individual consciousness.

Whilst I am speaking of limits of meaning to certain terms, I desire to define two others often used in this connection, sometimes erroneously, for temperament, with which they may have much to do, but from which they differ markedly.

"Constitution" is a term which conveys to my mind the purely material factor of the organism. It deals wholly with the structure and framework of the body. It represents an individual anatomico-physical condition, whereas temperament is the physiological-chemical equivalent of the same organism. The constitution is the material expression of resistance offered by the body-tissues to the encroachments of disease, or any tendency toward disease.

Any inclination or predisposition to develop an aberration of nutritive functions constitutes a "Diathesis." When this tendency shows itself fully developed we recognize conditions of abnormal nutritional activity, and then we justly speak of disease. No diathesis can be properly termed "disease" during the developmental stages, yet the existence of a diathesis, if it be but recognized, offers a valuable therapeutic standpoint in that it becomes possible to prevent disease by leading the diathetic currents into normal channels.

By a proper comprehension of these three phases of the animal economy, "constitution," "temperament," and "diathesis," it seems to me that the various phenomena of life lose much of the mystery surrounding them. But it is not alone from the philosophic point of view that we should regard them.

We have still higher functions to perform as physicians, namely, to strive to maintain such individuals as fall to our care in a state of normal existence. To do so, it is essential that we primarily recognize all the factors I have spoken of. All three are of great practical value, for the proper balancing of "constitution," "temperament," and "diathesis" makes up the diagnosis of every individual case. "Constitution" and "temperament" together form the prognosis, and the "diathesis," respectively its developed state "disease," offers the only proper therapy.

The subject here under discussion covers a vast field, too vast to even attempt an adequate portrayal. Its beginning properly coincides with the earliest time of infancy, possibly is even antenatal, and its end not reached until the living tissues become inert, dead matter. I shall, therefore, at the present time be forced to limit myself only to certain phases of this doctrine of temperament, namely to such as I believe practical physicians may feel a qualified interest in, leaving to the future the more elaborate development of this subject.

From a practical standpoint, then, it seems well to me that we recognize certain forms of innate temperament and diathesis.

taking such only into consideration as I feel there are ample grounds of upholding.

Close observation and much study makes it probable that living tissues like those of inanimate creation, can be regarded chemically as either alkaline, acid, or neutral in their properties. (Gibier).

We may substitute, therefore, in place of the classic group of temperaments, which, as has been mentioned, related only to visible individual disposition, a classification of chemical character, grouping only into three, though a variety of degree between them may be presented. These three are coincident with natural reactions, and are:

- | | |
|------------------------------|-----------|
| 1. The alkaline temperament, | (Gibier.) |
| 2. The acid temperament, | |
| 3. The neutral temperament. | |

Furthermore it will be borne in mind that all of them refer only to nutritional activity, in the sense in which I have already spoken. A short study of each of these three temperaments may serve at this time to explain, in a measure, what the above train of thought has led to, without detailing the intermediate steps in their elaboration, which would lead us into the depths of nursery, developmental and diatetic philosophy.

The Alkaline Temperament.—Individuals of this kind show a decided alkalinity, and such fluids as are usually highly acid, like the gastric fluid and the uterine secretion, are much weaker in their reaction, while those normally alkaline, for example, the blood, are frequently very much increased in this direction. Careful scrutiny will reveal that such persons are almost exempt from certain diseases, and on the other hand, are peculiarly subject to certain other affections.

They almost never, or but seldom, suffer from arthritic troubles; chronic rheumatism and gout are practically unknown to them. From eczema and psoriasis, from varices and allied conditions they are almost immune. Cancer in its various forms seems not to occur among the alkaline, nor are vascular and cardiac affections frequent. It is especially noteworthy that diseases closely related to each other, as vascular and cardiac to rheumatic and gouty, do not attack these persons. From sourness of the stomach (pyrosis) they are quite free.

On the other hand they readily acquire other maladies, nota-

bly when they live in cities and cannot afford to eat much meat. For animal food tends to acidify the tissues, and in a measure neutralizes the ill-effects of hyper-alkalinity. Moderate quantities of spiritous liquors also are a potent means of acidification. The diseases to which the alkaline temperaments are most prone, are the tuberculous, notably to the pulmonary variety, and to scrofulosis, which is undoubtedly also tuberculous in character. A vegetable diet and total abstinence from alcoholics tends to increase alkalinity and is distinctly harmful to those predisposed by environment and heredity (diathesis) to any form of tuberculosis.

The Acid Temperament—Forms an almost direct antithesis to the alkaline, and, curiously enough, the diseases to which the former are subject occur only infrequently and in mild form among the latter. The converse is also true. It is thoroughly well established that individuals of this temperament suffer from hyper-acidity in all of its forms, and from the maladies associated with this dyscrasia. All the normally acid secretions show highly acid reactions, and the normal alkalinity of the blood and the intestinal juices is markedly reduced.

To all arthritic affections, to gout and to rheumatism, to the herpetic skin eruptions, to vascular degeneration, with aneurism-formation and apoplexy, and to forms of nerve degeneration associated with, or dependant upon arterial lesions (paresis, sclerosis, tabes, migraine, hysteria) they are particularly liable. Cancer and epithelioma, are frequent, notably where there exists, normally, acidity, which now becomes over-acid; stomach and uterus are, therefore, especially choice locations. Among women of the acid temperament sterility is often observed. (Uterine acidity.)

Possibly the highly acid media of the body offer poor nutrition to a variety of pathogenic microbes, and so leads to the fact that persons of the acid temperament are rarely affected with tuberculosis and seem immune to yellow fever and cholera, as well as other acute infections.

The Neutral Temperament.—May well be regarded as the normal state, happily inherited from sound ancestry or fostered by wholesome ways of living from birth onward. Persons of this fortunate class, while they may become temporarily acidic or alkaline by reason of alimentation and habits of life, are readily curable from such affections as often become intractable among members of other temperaments. But it is not alone in sickness that we

note this characteristic, for morally and mentally the neutral temperament is readily controlled, while the markedly acid and alkaline are difficult to control. Moral and mental atavisms are oftentimes observed among the extremes. Objects of degeneracy are rare among the mean.

It would possibly be interesting to enter deeper into the subject of diathesis in this connection, but I cannot do so at present. It may be well, however, to mention that but two great tendencies prevail, namely:

1. The *scrofulous*, or predisposition to tubercle development, closely allied to the alkaline temperament, and
2. The *arthritic*, under which, is also included the neoplastic, and which consorts especially with the acid temperament.

The question naturally arises in our minds: have we any corroborative experience in the realms of disease to substantiate the ideas herein advanced? It seems to me we have abundant evidence.

Let us look for a moment into what I feel like terming the "association of diseases." It is certainly more than passing strange, more than mere coincidence, that we so frequently find certain maladies side by side, seemingly independent, though often allied in one and the same individual

On the other hand, it is remarkable that certain other affections are rarely met with in the same persons, seem even antagonistic to each other. We should seek logical causes for our clinical experiences and our pathological knowledge.

It is not sufficient to say simply that this or that disease takes this or that course because a certain individual possesses these or those traits of character. Is it not, at least, quite as likely, and more logical to assume, that the very traits to which we refer are themselves marks of a given fundamental temperament which favors the development of certain well-understood tendencies to disease? A priore, it is just as likely, and actually it is vastly more scientific reasoning.

Is it scientific to reason, that because a person happens to be blonde or brunette certain characteristics of thought and action follow? Is it not more reasonable to say that because certain physical conditions obtain such and such any one acts so or so? The type of expression would follow as an effect. It would not be a cause..

And so it is also with "association of disease" to which I cannot refer here with as much detail as I desire.

As I have already pointed out, Arthritic and Cancerous affections are essentially acid affections; tuberculosis develops almost exclusively on alkaline foundations.

On the other hand, look at the maladies which frequently associate themselves together. The most classic example is that of arthritis, endocarditis and chorea, of which I have elsewhere spoken. These three affections all arise upon an acid foundation, are even characteristic of the acid temperament.

Migraine—real hemicrania—I have never seen save with the essentially acid. Examples of this kind could be readily multiplied, but I desire to look elsewhere than at the bedside and in the consulting room.

Many extravagant claims have been made by the believers in a vegetable diet for human beings. They claim it prevents consumption; that the eating of beef or animal food is conducive to its development. Experience with certain animals and man does not substantiate these claims, in fact, speaks clearly against them.

It has been found that about 25% of the mortality among the birds and animals in Regent Park (London) is due to tuberculosis, a percentage almost double that among human beings taken the world-over. Of these animals the meat-eaters are much less affected. Among the animals that eat only vegetable food, the monkeys, kangaroos, antelops and deer, tuberculosis causes about 26% of all deaths. Among the purely meat-eating beasts, such as lions, wolves, leopards, etc., the loss from this disease is but 3%.

Birds eating no meat show a mortality of 3%, while the carnivorous birds—eagles, owls, vultures and other birds of prey—suffer only to 11% of the number lost. These contrasts are certainly impressive, not merely coincidental, and surely have great significance.

We can even see corroborative testimony in frequent morbid conditions among our domestic animals. Note the common affliction among our cattle—the horned variety especially—which are herbivorous and alkaline. It is tuberculosis. Observe how frequently the faithful dog limps painfully about with rheumatic joints, or twitches with chorea, or claws and scratches his skin, itchy with eczematous disease. He is carnivorous and acid.

Experiments in the bacteriological laboratory also lend color to these statements. Observation has taught us that certain pathogenic organisms cannot grow in or on acid media. Neutralize or alkalinize the acidity, and they thrive abundantly. So, too, a lit-

the glycerine added to an inert medium allows tubercle bacilli to develop readily. (Roux et Nocard).

Is it not a fact of remarkable import that patients wasted to the last degree by arthritism (lack of oxidation and loss of nutrition) seldom, if ever, fall victims to any form of tuberculosis, when we could fairly say general conditions for the development of the latter would be most favorable, were it not for some underlying antagonistic tendency or principal experiences of this kind are worth serious thought. Cancer, too, and tuberculosis, I have never seen together; nor does the latter show itself even in the extreme cachexia of the former.

It has seemed to me that the suggestions presented are of great *practical* value—if they possess any value at all. While they may well be applied as a form of treatment in the developed disease or in the earlier diasthetic tendencies, their greatest worth must lie in the province of prophylaxis. If it be possible—as it is—to recognize qualities of temperament in the very young we may be enabled to fore-stall the manifest inclinations of ancestry or heredity, which notably follow distinct lines of development. Theories and practices which take us into the nursery are, I know, unpopular and likely to be shelved. It is for this reason, possibly, that the results of our best efforts are so often unsatisfactory. Physicians usually fail to reach back far enough; they want good results right away and are not content to await the real outcome of their endeavors, in generations beyond the present.

Yet it is just here where we make the greatest mistake. We may, and often do, cure maladies in individuals, but thus far we have failed, with few exceptions, in spite of the enormous progress the science of medicine has made in recent years to subdue the deviations from the normal nutritional powers which constitute morbidity.

The study of “temperament” is still in its infancy, has been even scarcely taken up, but it offers, I feel sure, a rich and fruitful domain for practical research, and its results will be shown in the future.

“Norways,” Santatorium for Nervous Diseases, Indianapolis, Ind.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of October:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	1	1
Scarlet Fever ..	4	0
Measles	0	0
Typhoid Fever	2	1
Tuberculosis	not rep	6
Cerebro-Spinal Meningitis.....	2	2
Small-pox.....	2	0
Chicken-pox.....	not rep	0
Whooping Cough	not rep	0
Total deaths from all causes.....		42

DEATH OF DR. JAMES H. WILSON.

(The JOURNAL-MAGAZINE is indebted to Dr. T. A. Borton, of Plymouth, for the main facts given in the short biography of Dr. Wilson, herewith presented.)

The death of Dr. James H. Wilson, of Plymouth, Indiana, which occurred at his home on Tuesday, October 10, 1899, was a great shock to the immediate community in which he resided as well as to his numerous friends and professional acquaintances throughout the State of Indiana.

In a personal letter from his physician, Dr. T. A. Borton, of Plymouth, we learn that Dr. Wilson was taken sick on the 28th of September, immediately following exposure to a severe rain storm while taking a ride in his steam yacht at Pritty Lake, near Plymouth. The patient from the first exhibited well marked uraemic symptoms, which gradually increased in intensity in spite of all treatment until his death on October 10th. Aside from indefatigable attention on the part of various members of the medical profession in Plymouth, several well known medical men from a distance were called into consultation, so that the patient had the advantage of the best professional attention.

Dr. Wilson was a native of Indiana, having been born in Shelby County, February 5, 1838, where he remained until fourteen years of age, when he accompanied his parents to the northern part of La Porte County, where he grew to manhood. He began the study of medicine in the office of Dr. J. Davis at New Carlisle, and later graduated from the medical department of the University of Michigan, at Ann Arbor, with the class of 1873. He began the practice of medicine at Argos, Indiana, remaining there until 1878, when he removed to Plymouth where he has since made his home.

Dr. Wilson was a man of pleasant address, a congenial companion, and in the practice of medicine progressive in every sense of the word and eminently successful. He was a member of several medical societies, including the Indiana State Medical Society, in the meetings of which he has taken an active interest for many years, the Tri-State Medical Society, the Upper Maumee Valley Medical Society, the Marshall County Medical Society, and the society composed of surgeons of the Pennsylvania Railroad. At the time of his death he was secretary of the County Board of Health, and for many years had been a member of the United States Pension Board of Examining Surgeons. He was surgeon for three railroads entering Plymouth, and on the day of his death

was to have presented a paper upon a surgical subject at the annual meeting of the Pennsylvania surgeons, held in Pittsburg.

In politics he was a democrat, and as such was elected and served one term as mayor of Plymouth.

Dr. Wilson was a most companionable man, a polished gentleman, an honest, upright citizen in all the walks of life, and the community in which he lived, as well as the medical profession of the State, have lost an honored member.

THE VALUE OF INHALATION OF ANTISEPTIC NEBULAE.

Much has recently been said and written regarding the effect of the inhalation of nebulized medicaments in the treatment of various inflammatory conditions of the respiratory tract, and some have even contended that nearly all pulmonary affections, phthisis pulmonalis included, offer special conditions for treatment by inhalation of nebulized medicaments and are more quickly amenable to this form of treatment than any other.

Like many other things, this method of treating affections of the respiratory tract has been much over-rated in many particulars so far as its therapeutic efficiency goes. No one who employs the method can doubt its beneficial effects in chronic bronchitis, where the direct contact of the medicament seems to lessen the bronchial secretion much better than any medication which reaches the affected areas through the circulation. In pulmonary tuberculosis neither inhalation of medicated vapors nor the injection of different oils into the respiratory tract have given any definite results so far as a cure is concerned. It really could not be expected when we consider that a collateral zone of congestion surrounds the tuberculous area, as demonstrated by Councilman, which contains no tubercle bacilli and prevents anything from reaching the tubercular area itself. Inhalation in tuberculosis is simply an adjuvant, its particular value being in exciting deep breathing which is much desired in impaired respiration of tuberculosis.

A. E. B.

PERIPHERAL NEURITIS FROM STOMACH TOXINS.

Dr. Walter Carr in his service at the Royal Free Hospital, London, (*London Lancet*) reported a case of typical peripheral neuritis which he attributed to the absorption of toxins from a di-

lated stomach. In the course of his discussion of the case he says: "The chief interest of the case, however, centres in the causation of this neuritis; undoubtedly, the symptoms strongly suggest the alcoholic variety, but the patient's appearance and his behaviour whilst in hospital certainly did not point to any alcoholic excess. The patient had not suffered from any of the acute specific fevers, nor had he been exposed to any other probable cause of multiple neuritis so far as could be ascertained; and from the way in which the nervous symptoms developed as the gastric troubles increased, and began to improve as soon as the stomach was washed out, I am disposed to attribute the neuritis to absorption of the products of the bacterial fermentation from the greatly dilated stomach. There seems nothing improbable in this view. For a long period, probably some years, large quantities of toxic substances must have been formed in the stomach, and some would doubtless be absorbed, and there seems no reason why they should not exercise a special action on the nervous system similar to that of the many poisons, organic and inorganic, which are recognized as possible causes of multiple neuritis."

In many cases of alcoholic neuritis the gastro intestinal disease regularly associated with chronic alcoholism probably has much to do with the causation of the former. This has appeared to me probable in several cases and especially in one which I have studied during the last year.

G. W. M.

DYSMENORRHOEA FROM STOMACH DISEASE.

In a recent issue of the *New York Medical Journal*, Dr. Frank H. Murdock reports some interesting cases in which the casual relation of stomach disease, which in these cases was ulcer, seems to be clearly shown upon clinical grounds. The exact manner in which conditions of the stomach can act upon an organ as distant as the uterus is a very interesting problem. Dr. Murdock, himself, attributes the dysmenorrhoea to the irritant action of the food upon the hyper-sensative gastric mucosa which seems in these cases at least to be quite probably correct. On this supposition the uterine disorder would almost necessarily be the result of some sort of morbid nervous impression starting in the mucous lining of the stomach and traveling by more or less circuitous routes to the uterus, very possibly acting upon the vaso motor mechanism of the latter, thus interfering in some way with the proper vascular supply

to the parts involved. Or possibly by some sort of so called reflex action producing a hyper-tonic contraction of the cervix which would present an obstruction to the exit of the menstrual flow.

The intimate relationship existing between the stomach and the uterus is well shown by the very common exacerbation of gastric disorders during the menstrual period to say nothing of the familiar morning sickness in the early months of pregnancy. A couple of cases of the former type are reported in the article referred to and I may add that numerous cases of this class have fallen under my own observation.

The subject is one of great practical interest and should commend itself to the attention of gynaecologists as well as general practitioners who have to deal with numerous cases of intractable dysmenorrhoea, some of which might very possibly find their origin and prospective cure in gastric disorders. G. W. M.

TUBERCULIN TEST IN THE DIAGNOSIS OF TUBERCULOSIS.

Reference was recently made in these pages to the observations of Dr. Otis on this subject. While not questioning the value of tuberculin as a diagnostic aid, it seems to the writer that it falls notably short of infallibility both from a negative and positive point of view. Dr. Otis in a recent paper in the *Journal of the American Medical Association*, after studying a large series of cases, while claiming that it is more reliable in the early stages where it is needed than in the later ones where it is not, presents the following conclusions:

1. The tuberculin test indicates early tuberculosis by a general reaction before it can be detected by other methods, except the X ray, in the large majority of cases, with a dose of from 5 to 10 mg. of Koch's original tuberculin.
2. No injurious results occur from the use of tuberculin in these doses.
3. Proved tuberculosis in a more or less advanced stage may fail to give a general reaction from doses of from 10 to 12 mg.
4. Syphilis gives a reaction in an undetermined proportion of cases.
5. There is a dose, undertermined, at which a non-tuberculous person may react or simulate a reaction.

The value of the X ray examination in cases of incipient tuber-

culosis does not appear to be fully appreciated. On this point Dr. Otis says: "The X ray examination, in the hands of an expert, seems to be a more accurate and delicate test of early lung disease than even tuberculin, and without the fear of possible injury as with the latter, but the required technic and experience and the expensive apparatus limits its use to the few." The obvious objections to the use of the X rays in the cases are growing less and less as X ray machines become more numerous and more frequently used.

G. W. M.

THE SWINDLING OPERATIONS OF ST. LUKE'S HOSPITAL AT NILES, MICHIGAN.

We have already advised our readers as to the character of St. Luke's hospital, located at Niles, Mich., but in view of the fact that this institution has recently been sending to prospective dupes throughout the country an abundance of literature containing fac simile letters from some of the most prominent medical men in the profession, seemingly endorsing the institution and its methods, we feel called upon to again warn our readers against believing the delusive tales which the promoters of this fake institution are now publishing, or investing money in the enterprise.

The original scheme was to invite prominent medical men throughout various states in the union to become members of the staff of the hospital, such members upon being appointed to receive a diploma attesting the fact, the same being furnished at the "actual cost" of ten dollars. In order to obtain the names of many men who would positively refuse to have their names used in connection with the institution if a fee were charged them for the appointment, the hospital promoters very cleverly informed such persons that they had been appointed a member of the staff of consulting physicians and had been forwarded a certificate to that effect, express charges prepaid. Naturally the recipient would acknowledge the receipt of the certificate, perhaps with his thanks for the honor bestowed, only to find out later on that he had been the victim of unscrupulous individuals who sought their influence as a means to dupe others of less prominence and susceptible to the allurements of a hospital appointment. Among the number was Dr. Senn, of Chicago, who now comes out in an open letter published in a recent number of the *Journal of the American Medical Association*, saying that while he did accept the appointment under

the belief that the institution was respectable in every particular, he soon ascertained the true status of the concern and at once returned the certificate, accompanied by a letter informing the president that he absolutely objected to having further use made of his name in any connection whatever with the St. Luke's Hospital. However, Dr. Senn's letter of acceptance, which was duly published and sent broadcast throughout the country, was an effective piece of advertising for the concern, and is still used to dupe the unwary, notwithstanding the published statement of Dr. Senn as to the condemnation of the institution and its methods.

Physicians of every stripe, good, bad and indifferent, are asked to become members of the St. Luke's Hospital staff, each being required to pay ten dollars and express charges for the diploma, and strange as it may seem "suckers" by the hundred are biting at the bait. While we have reason to believe that some of our readers have been duped by the promoters of this fraud, we earnestly hope that the exposures which we, along with other medical journals of the country, have made will prevent any further acceptances of the delusive offers of the St. Luke's Hospital, of Niles, Michigan.

A. E. B.

THE NATURE OF SHOCK.

The oft repeated statement made by surgeons in discussions at medical societies that haemorrhage and shock are synonymous has always appeared to me to be something in the nature of a half truth.

That the shock is exaggerated and in a large measure dependent upon the extent of the haemorrhage is a fact too obvious to admit of question. In a recent paper read at the Columbus meeting of the American Medical Association, Dr. Nelson, after a careful review of the subject, says: "Shock, then, is due, as we believe, to a stimulus or impression being conveyed automatically by afferent nerves to nerve-centers whence they are sent by efferent nerve fibers to the vasomotor apparatus, controlling the function and nutrition not only of the lungs and heart, but of all the tissues and organs. The rhythm of nutrition is disturbed, growth and decay—metabolism—are interfered with. Rest may bring recuperation and renewed life, if function and nutrition return, and the vasomotor nerve-centers resume their command of the vascular system. Respiration slowly returns to its important duty, the heart sends

the blood to carry all the tissues their necessary food and remove their effete material, and life, health and vigor are again established." The conclusion based upon the series of experiments by Dr. Crile in the Cartwright prize essay for 1897, are quoted as follows: 1. The duration of the operation. Animals may be killed by prolonged anaesthesia alone. 2. The temperature of the operating room and of the salines and other solutions used as a local application or venous injection. 3. The physical condition of the animal, whether strong and in good health and flesh, or poor and weak. 4. Great care had to be exercised not to give too much of the anaesthetic—ether and especially chloroform when it was used, chloroform being the most toxic. 5. Hemorrhage always predisposed to shock, especially when severe and venous, the venous producing more severe results than arterial. But care was usually taken that there should be as little hemorrhage as possible. 6. The vasomotor system is most profoundly and constantly affected in shock, and the regions most abundantly supplied with the vasomotor nerves were naturally the most affected, and no part of the circulatory apparatus was so delicate and its connection with all parts of the body so minute and its equilibrium so easily disturbed as the vasomotor; and the injuries produce shock in proportion to their severity and duration of their application. 7. The heart's action was the chief support for blood-pressure, and it continued long after vasomotor rhythm and pressure was lost, and even after respiration ceased.

In almost all the deaths respiration ceased before the heart's action. At the post-mortems, the large venous trunks were full, sometimes enormously engorged; arteries empty, as also the left auricle and ventricle empty or nearly so, the right auricle and ventricle contained some blood; pulmonary vessels empty; tissues of brain and the somatic area anemic; liver usually engorged; spleen and kidneys somewhat less so.

It is quite obvious that the phenomena of shock are complicated and that a great many factors must be reckoned with, but that hemorrhage and shock are so far from being one and the same thing that it would possibly be more correct as stated by Dr. Crile to regard hemorrhage as predisposing to shock. Under certain conditions, such as the concealed hemorrhage of ectopic gestation the phenomena are practically undistinguishable from those of shock, without the aid of any extensive traumatism. It may be that in an accurate view of the facts, the role of hemorrhage would

be that of a true cause as well as a predisponent; nevertheless the comprehensive view of shock which takes into account all the various physiological phenomena would reach much farther and include much more than hemorrhage. Surgeons practically do this in endeavoring to limit the extent of traumatism, minimizing the amount of anaesthetic and shortening the time of operation, which, it may be stated in itself, diminishes one undoubted cause of death, as proven experimentally. G. W. M.

NEWS NOTES AND COMMENTS

DR. SCHILLING AT BONNE.—Dr. Carl Schilling and family are visiting Germany, the doctor's native home. A postal card announces that he is at present in Bonne.

A YOUNG BOER SURGEON.—Paul Hendrick Kruger, a nephew of President Kruger, is a recent graduate in medicine of the University of Edinburgh, where he won the Syme surgical scholarship.—*Medical Record*.

HEAVY MALPRACTICE DAMAGES.—Dr. John Edge, of Reading, Pa., was recently the victim of a verdict for \$13,092.00 on a charge of malpractice, the damages being awarded for the result of a surgical operation upon a woman. Eight thousand and ninety-two dollars was awarded to the patient herself, and \$5,000 to the husband for the loss of his wife's services.—*Medical Record*.

CINNAMON AS AN INTERNAL ANTISEPTIC.—While in Ceylon, Dr. C. G. Grant, of London, discovered that persons working in cinnamon gardens seemed to be immune from malaria. He found cinnamon valuable in gastro-enteritis, recurrent boils, and he thinks in typhoid fever. He was astonished by its wonderful influence in influenza, and earnestly recommends its free use by others.—*Merck's Archives*.

A LARGE DRUG STORE.—The pharmacy of K. I. Ferrin, at Moscow, Russia, is thought to be the largest in the world. Two

hundred and ninety-three men are employed in the wholesale and retail departments. As many as twelve hundred prescriptions are put up in one day. If poisonous drugs are used in putting up a prescription, the checking of weights is done by a weigher specially employed for that purpose.—*Medical Age*.

CONTRACT DOCTORS IN THE BRITISH ARMY.—Owing to the folly of Her Majesty's military advisers, the medical service of the British army is inadequately supplied, and the authorities have been obliged to employ a number of civil practitioners. They are not paid a fixed salary, but receive compensation at the rate of four shillings per annum for every person in the command to which they may be assigned. It is said there is no derth of applicants for these poorly paid jobs.—*Medical Record*.

REPORT OF THE MEETING OF OBSTETRICIANS AND GYNECOLOGISTS.—The twelfth annual session of the American Association of Obstetricians and Gynecologists was held in Indianapolis September 19th to 21st, and the *Indiana Medical Journal*, with its usual progressiveness, publishes in the October number a complete report of the meeting, including abstracts of the papers and discussion of the same. To the members of the society, as well as others interested in obstetrical and gynecological work, this number of the *Indiana Medical Journal* will prove unusually interesting.

PEPPERMINT AS ROUGH ON RATS.—It has recently been discovered that rats and mice have a peculiar dislike to the odor of peppermint. In a series of experiments for the extirmination of mice without using poisonous substances it was found that small pledgets of cotton saturated with peppermint oil and placed in the openings made by rats or mice resulted in the mice disappearing for a considerable length of time, and that upon their return the renewal of the pledgets caused them to disappear permanently.—*Jour. Amer. Med. Asso.*

THE NEW MEDICAL AGE.—A recent copy of the *Medical Age*, published at Detroit, gives indication of a change in the character of the periodical which is highly creditable. The journal now contains, aside from original contributions by progressive men in the

medical profession, departments for editorials, news items and abstracts of articles relating to special medicine. Not only is the character of the journal improved, but the quality of type, paper and binding has been improved as well. We congratulate the publisher, Wm. M. Warren, upon the change.

SIMPLIFIED SPELLING.—Dr. C. E. Taylor, editor of the *Medical World*, in letters to medical editors throughout the country, is asking for the adoption of the simplified form of spelling which has been recommended by the Philological Society of London and the American Philological Association. The approved list of words with simplified spelling is as follows:

Program (programme); tho (though); altho (although); thoro (thorough); thorofare (thoroughfare); thru (through); thruout (throughout); catalog (catalogue); prolog (prologue); decalog (declogue); demagog (demagogue); pedagog (pedagogue).

A TACK IN THE LUNG FOR SEVEN YEARS.—Dr. A. V. Jova reports in the *Medical Record* a case in which a young man seventeen years old, after suffering seven years with a cough attended by profuse expectoration, coughed up a hard substance surrounded by thick mucous of dark color, which on examination proved to be a tack, seven-eighths of an inch in length, well preserved except that it was covered with rust. The mother of the young man said that seven years previously, when the boy was ten years old, he had swallowed a tack while playing, which, while producing a slight choking sensation at the time, had produced no further symptoms than the chronic cough and expectoration alluded to.

ENGAGEMENT OF DR. STERNE.—In a personal letter from the genial and well known Dr. Albert E. Sterne, of Indianapolis, we are given permission to announce his engagement to the noted and talented actress, Miss Marie Burroughs, who in private life is known as Miss Lillian Lee Arrington. Miss Burroughs is perhaps best known through her work in connection with the company of E. S. Willard, the famous English actor, Miss Burroughs being his leading lady in all the popular Shakespearean plays. Dr. Sterne, who is owner and proprietor of "Norways," a sanatorium for nervous diseases, is well known throughout Indiana and adjoining states, and a host of friends join in congratulations and best wishes for his

happiness in the new role. We understand that the marriage will occur on December 6th.

MILK DEALERS PUNISHED.—The inspectors of the New York Board of Health recently caused the arrest of a number of milk dealers on the east side for selling adulterated milk. On trial three were found guilty, and were fined amounts varying from fifteen to one hundred dollars. This is an example that might well be followed in towns and cities throughout the United States where milk inspection is supposed to be carried out. If some of the milk men of Fort Wayne were fined for such practices there would be less cause for complaint regarding the poor quality of milk than there is at present.

THE AMERICAN MEDICAL QUARTERLY.—The second number of the first volume of the *American Medical Quarterly*, edited by William Warren Potter, of New York, is before us, and is a most excellent periodical in every particular. The contributors are all men who stand high in the medical profession, and who from experience and education are in a position to write something worth reading, something that cannot be said about many of the contributors to current medical literature. The magazine is well edited throughout, and is a credit to Dr. Potter, the efficient editor. The magazine, as its name suggests, will be published quarterly, each number to contain about one hundred pages, subscription price of which is two dollars per year.

DO WE NEED IODOFORM.—Under this caption Dr. F. A. Dunsmoor, in the *Medical Dial*, says that there is a tendency to follow beaten paths rather than act upon reason, and this accounts for the continued use of iodoform in surgery. Iodoform is not a germicide, though it is more often used in the form of gauze dressing for pus cavities or septic wounds than any of the so-called antiseptics and germicides. It has the most disagreeable and lasting odor of any surgical drug, yet displaces more elegant, cheaper and effective remedies devoid of odor. It is poisonous and frequently irritating to a sensitive skin. It is clinically and chemically inefficient, poisonous, disgusting and irritating. For dusting lines of wounding in sutured wounds boric acid is vastly superior, is an efficient germicide and may also be as safely used in the form of

gauze in all places where iodoform has been the favorite, save for the control of hemorrhages, when acetanilid should be used. Aristol, dermatol, or iodol may be used for covering wounds if preferred to boric acid.

THE TREATMENT OF TUBERCULOSIS BY THE INHALATION OF ANTISEPTIC NEBULAE.—In a paper upon this subject presented before the Mississippi Valley Medical Association, Dr. Homer M. Thomas, of Chicago, said that nebulization was of great value as a secondary factor in the treatment of tuberculosis in that it aided in establishing a barrier around the tuberculous area by stimulating cellular structure to resist the germs and their toxins. The beneficial effects of nebulization were enumerated as follows: (1.) To control cough; (2.) to relieve dyspnoea; (3) bring medication into intimate contact with much of the respiratory cavity; (4) inhibition to the extension of the tubercular foci.

The cough is best relieved by tincture of stillingia and beechwood creosote with a lavolin base. Various remedies for nebulization were mentioned, special attention being called to formalin in from four to twenty per cent. solution, depending upon the patient's ability to stand a weak or strong solution. The nebulae penetrate wherever the air does, and while it does not reach the incapsulated tuberculous area, they inhibit extension of the disease.

ENLARGED GLANDS IN CHILDREN.—In an article upon this subject in the October number of *Obstetrics*, Dr. Carl Ludwig Schleich, of Berlin, concludes as follows:

"I sum up my views on the management of enlarged glands in children, as follows: First, there are far too many cases of total extirpation, when methodical enucleation, or simple incision, would have fully sufficed for a cure. Extirpation of lymph ganglia in children, with the lymphatic dyscrasia is an error, for it is the constitution which is diseased, and not the local area. Cheesy hyperplasia should be treated by enucleation, provided that a fat diet, iodide of potash, and mercurials fail to produce resolution. A syphilitic taint underlies cheesy glands oftener than is generally believed, which makes the advisability of specific medication the more urgent in these cases. In simple abscess, we should incise and tampon, while in multiple suppuration we should carefully extirpate the foci, without any attempt to excise adherent capsule.

When the glands are the seat of tumor-like enlargements, the most radical treatment is the most rational procedure.

COLLECTION OF VITAL STATISTICS.—Physicians and students of mortality statistics will be interested in learning of the work now being accomplished by the Chief Statistician of Vital Statistics of the United States Census, by the authority of the Director, Hon. William R. Merriam. It is a practical effort, necessarily of limited scope, to secure the adoption of a uniform certificate for the return of deaths and looking toward the establishment of a common national system of collection of vital statistics for the purpose, primarily, of the Census tables and publications.

It has been found that there is much unnecessary and objectionable variation in the methods employed to collect and register death returns. The census office has undertook to secure a modification or amplification of the death certificates so as to have them include the items necessary to obtain census data. A model return form has been prepared and submitted with explanatory correspondence to each registration office or officer controlling the preparation of the state or local office. The result has been more gratifying and important than even the census office expected, as not only have the items in the specimen form been very generally adopted, but the registration officers have abolished many practically obsolete local variations in their certificates and the latter have been made to conform to one standard more nearly than ever before.

The Director of the Census confidently expects that physicians everywhere will appreciate the desirability of the new order of things, and that they will earnestly and actively co-operate in securing prompt and accurate mortality returns of the uniform character required by Congress and sought for by statisticians. He recognizes the fact that failure on the part of physicians to give vitality to the common standard by carefully reporting the items that may be new to their certificate will be fatal to the end in view.

DR. STERNE'S ARTICLE IN THIS NUMBER.

The article by Dr. Sterne, of Indianapolis, appearing in this number is complete, as presented at Chicago. Extensive abstracts have appeared in other periodicals but the original manuscript was given to the JOURNAL-MAGAZINE.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

COLLOID CANCER OF ABDOMEN.—Dr. E. D. Ferguson (*Phil. Med. Jour.*) says: "After a somewhat careful review of the evidence relative to the parasitic origin of cancer, and the statistics of the numerical and relative increase of the disease, the conclusions which appeal to my judgment are as follows:

"1. The dissemination of cancer to or through remote areas of an individual patient's body is a fact so frequently observed that we must accept the idea of some kind of infection.

"2. The rarity of direct infection from person to person, though the opportunity for such infection must have occurred in a great multitude of instances, as between husband and wife, surgeon and patient, and in other ways, shows that the infective agent is one not readily transplanted, or that it requires a specially-prepared soil.

"3. The vital properties of the anatomic elements of the growths furnish fully as adequate an explanation of this limited infective power, as would any protozoan bacillus, or yeast fungus; on the other hand, we are not in a position to deny the existences of extraneous organisms which may be the source of an irritation to the cells which results in the production of cancerous growths."

THE TREATMENT OF INTESTINAL CATARRH.—Dr. G. C. H. Meier (*Boston Medical and Surgical Journal*, September 21st; *N. Y. Med. Journal*) epitomizes his experience in the following conclusions:

1. That in all diarrhoeal affections of recent duration it is of the utmost importance to free the intestinal canal of all irritating material, preferably by the use of small doses of calomel.

2. After this has been accomplished, it is usually necessary to restore the tonicity of the relaxed intestinal mucous membrane and

to check the discharges by the use of astringents. In diarrhoeal affections of some days' duration, especially in children, it may be advisable to resort to the use of astringents at once in order to prevent exhaustion and collapse from the profuse and frequent evacuations.

3. The best form in which to administer an intestinal astringent is one by which the astringent principle is slowly liberated in the intestinal canal so as to avoid any irritant effect upon the stomach and also to subject the lower intestinal tract to the influence of the remedy.

4. Tannopine represents an efficient and reliable intestinal astringent which owing to its innocuousness is well tolerated by the smallest children and which while an active astringent is entirely free from irritating effects on the intestinal canal.

THE NATURAL LIMITATION OF SYPHILIS.—Dr. J. D. Thomas (*International Medical Magazine*, September), says that syphilis, like all other eruptive diseases, has a clinical limit; and, again, like the other eruptive diseases, its sequelae may be unlimited. Syphilis loses its contagious character in less than four years; its sequelae may last as long as the patient lives. In cases thoroughly treated it may lose its contagious character in one year; this clinical fact we know from occasional observation, wherein some of our patients, against advice, marry at this early period, but do not infect their wives and hence have healthy children. The far limit of the contagion we know from observation; but its near limit in individual cases we are unable to settle. If any of the lower animals were susceptible to the disease we could by experimental inoculation, tell each patient when the disease had lost its contagious character, and thus be enabled to state how soon the marriage relation might be entered upon.

And he adds: "When a woman newly married, comes to me with syphilis, after marrying a man who had had syphilis three or four years before the wedding, I make bold to tell her that she did not acquire the disease from her husband; but from a fresher syphilitic."

In this connection the statement of Jonathan Hutchinson, quoted in our issue for October 7th, that "hereditary syphilis would disappear if the rule was generally adopted that two years' interval after infection should elapse before marriage," will be recalled.—*New York Medical Journal*.

FUNCTION OF THE PERIPHERAL LYMPHATICS.—The average surgeon has little respect for the lymph-ganglia and extirpates them for apparent cause without any reservation whatever. Schleich, however, seems to be the originator of a sort of humane movement to spare these structures under all circumstances, except when they are the seat of malignant tumors. By keen and patient observation, extending over years, he has been able to show that extirpation of the axillary, cervical, or inguinal glands paves the way for erysipelatous infection, elephantiasis, tetanus, pyemia, etc., or, in other words, this sacrifice of glands vastly diminishes the resisting powers of the body. In this way is explained the frequently noted fact that after extirpating cervical scrofulous glands the patient succumbs to general tubercular infection; since these important defensive structures can no longer oppose the penetration of the virus of the disease into the circulation. Therefore, in simple hyperplasia of the glands, even when it persists for years, Schleich never thinks of operative interference. He fortifies the patient's health in every possible way, and administers the "mixed treatment," which is generally held to be a specific only in syphilis, but which, in Schleich's opinion, is equally efficacious in strumous glands and in all processes where a cell infiltration tends to resolution through fatty degeneration of its corpuscular elements. Even when caseation has set in, as shown by the general condition of the patient, Schleich forbears for a long time to use the knife, relying upon the plan of treatment described above. Only when it becomes apparent that operative interference will be necessary does he perform a conservative operation, which consists in splitting the enlarged glands and scraping out the cheesy foci. The sound capsule of the gland with some of the cortex is thereby preserved, the residual hyperplastic tissue undergoes resolution, and the integrity of an important structure is not compromised. When pus has formed, Schleich evacuates it. Simple incision is all that is necessary for an ordinary abscess, but when chronic suppuration is present in small multiple foci, the indications for extirpating all pyogenic surfaces must be carried out, although Schleich refuses to interfere to any great extent with the inflamed and adherent capsules of the glands. He aims throughout to preserve these structures in order not to deprive the region of the body affected of lymphatic protection.—*Pediatrics*.

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

INGROWING TOE NAILS.—In ingrowing toe-nail, if operation is refused by the patient, the introduction of a layer of tinfoil between the nail and the inflamed surface is probably the most effective procedure.—*Experience*, Sept., 1899.

TREATMENT OF VARICOSE ULCERS.—Dr. Phillipe Valeucon, of Paris, reports (*Clinical Excerpts*, Sept., 1899) excellent results from the use of Protargol in the treatment of varicose ulcers. The patients continued their occupations during treatment. The dressing should be changed every 2 or 3 days. The following rules were adopted after several trials:

"1. Wash the wound and surrounding parts with an antiseptic solution (boric-acid solution, or solution of cyanide of mercury 1 to 5000).

"2. Dry the parts after washing with a tampon of absorbent cotton.

"3. Dust the Protargol powder upon the surface of the ulcer, and fill up the cavity.

"4. Cover the wound with a piece of protective.

"5. Then apply the ordinary dressings."

INCONTINENCE CURED BY GRADUAL VESICAL DISTENTION.—Haven (*Bost. Med. and Surg. Jour.*) mentions two cases of incontinence in older girls which he succeeded in curing completely by gradual distention of the viscus with a four per cent. boracic-acid solution. Both patients were eighteen years old, and both from earliest infancy had wet the bed nightly, and found it impossible to retain the urine for more than a few minutes when awake. The bladder of one held eight ounces under pressure, that of the other only three and one-half ounces. The treatment consisted in distending the bladder until discomfort was produced, after which the patient held the fluid as long as possible—ten or fifteen minutes in the beginning, though the time was doubled later. Distention was practiced every other day, and improvement was rapid. Treatment was continued until the bladder would hold twenty ounces,

and then all symptoms having been relieved, it was discontinued. The elapsed time in one case was three months and in the other five months. There was no evidence, of abnormality in either case, other than that the bladder was small.

PREVENTION AND CURE OF HERNIA FOLLOWING ABDOMINAL OPERATIONS.—Dr. A. Laphorn Smith, of Montreal concludes his article on the above subject (*Am. Jour. of Surg. and Gynecol.*) as follows:

1. Hernia is a frequent complication of abdominal section.
2. When it occurs it prevents other women from undergoing a needed laparotomy.
3. It is quite preventable: (a) By leaving in the stitches for one month if the woman is thin enough to allow us to use through and through sutures, or (b) by using non-absorbable buried ligatures when the woman is fat enough to require two layers of sutures. The writer prepares his silk-worm-gut by placing it in sealed glass tubes and boiling it. A cut with a file is made in the middle and just when it is required for use the tube is snapt across, (c) By discarding the abdominal drainage tube and when drainage is necessary, which it rarely is, draining by the vagina. (d) By securing accurate coaptation of the cut edges by marking the places where the stitches are to go before the incision is made. (e) By taking care that no peritoneum is curved up so as to come between the muscle and fascia.
4. Hernia is easily cured in small cases with a single buried silk-worm-gut purse string suture; and in larger cases by splitting the edges of the ring until the recti muscles are exposed from top to bottom and suturing them with buried silk-worm-gut.
5. Patients with buried silk-worm-gut stitches do not need to stay in bed more than two weeks, and in some cases less; and they do not need to wear an abdominal belt.
6. Patients with through and through silk-worm-gut stitches left in for a month can in case of necessity go home in twelve or fifteen days and return at the end of four weeks to have their stitches removed. They do not need to wear a supporter until the stitches are removed, and even then it is much less necessary than in patients whose stitches have been removed early.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

A PRESCRIPTION FOR A HAEMOSTATIC-ANESTHETIC SOLUTION.—Legrand employs the following solution, particularly in lesions of the mouth, where it is desired to produce anaesthesia and arrest small hemorrhages:

Pure gelatin, 30 grains;
Chloride of sodium, 8 grains;
Carbolic acid, 2 grains;
Hydrochlorate of eucaine B, 8 grains;
Hydrochlorate of cocaine, 2 grains;
Distilled water, 3 1-2 ounces.

—*Journal des Practiciens*, May 13th, 1899.

IODIDE OF POTASSIUM IN INFLAMMATORY AFFECTIONS OF THE UVEAL TRACT.—Dr. J. W. Wright (*Jour. Amer. Med. Asso.*, October 21st) says that in his experience iodide of potassium has proved very satisfactory in the treatment of all inflammatory affections of the uveal tract. In iritis, cyclitis, choroiditis and glaucoma he has noted most positive effects from the administration of the drug in large doses. He believes that it will relieve pain in those affections often as promptly as morphia and much more permanently. He usually prescribes the drug in saturated solution, giving not less than one teaspoonful (sixty grains) in a wine glass of milk before meals, and seldom hears of its disagreeing with even the most delicate stomach.

OPERATIONS FOR STRABISMUS AT A VERY EARLY AGE.—In a paper recently presented at the Utrecht Congress, Mr. Priestley Smith pointed out the urgency of dealing with strabismus at a very early age that the cerebellar function of binocular vision may be duly educated. It is this which forms a barrier to success by usual modes of treatment when the squinting subjects have reached the ages of seven or more years. Mr. Smith says he would em-

ploy glasses as early as they can be carried on the face, and would operate under two years of age.

In commenting upon this, Dr. Henry D. Noyes, in an interesting letter to the editor of the *Medical Record*, says that he is fully in accord with the opinions of Mr. Priestley Smith and has himself operated upon strabismus at the age of one year.

REMOVAL OF ADENOIDS DURING ACUTE AURAL INFLAMMATION.—In a recent number of the *Medical Record*, Dr. Robert Lewis says that the question whether we should operate for adenoids of the vault of the pharynx during an attack of acute inflammation, or should wait until all the acute symptoms had abated, is one worthy of consideration and upon which there is a divergence of opinion. He thinks that the removal of these growths certainly provides for better drainage of the middle ear through the natural passage, the Eustachian tube, and also gives us the beneficial effect of a considerable local loss of blood. On the other hand, it is undoubtedly true that many cases of acute middle ear inflammation have arisen from operation when previously there was no middle ear inflammation.

However, in all cases of acute catarrhal or purulent inflammation of the middle ear in which he has removed the adenoids (when present) early enough, he has never had occasion to regret taking the step. In comparing the cases with those in which the adenoids were not removed he says that the patients from whom the adenoids have been removed have certainly been discharged much earlier than those in whom they were allowed to remain. In general, then, he would therefore advocate the removal of adenoids when present as a part of the successful treatment of suppurative ear inflammation.

BOOK REVIEWS.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY.—By Elbert W. Rockwood, B. S., M. D., Professor of Chemistry and Toxicology in the University of Iowa. Illustrated with one colored plate and three plates of microscopic preparations. 5 3-8x7 3-4 inches. Pages viii-204. Extra cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

This manual furnishes an excellent key to the ever vexing and perplexing question of laboratory instructions in physiological chemistry. It is concise, comprehensive and complete, giving in detail the various necessary experiments in a simple and practical form. The general arrangement of the work appeals at once to the instructor in practical chemistry, and no doubt the book will find a place in the library of each medical student and practicing physician.

W. O. G.

AN EPITOME OF THE HISTORY OF MEDICINE.—By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second Edition. Illustrated with Portraits and other engravings. 6 1-2x9 1-2 inches. Pages xiv—370. Extra Cloth, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

A volume of the first edition of this interesting work was reviewed in the February (1898) number of the JOURNAL-MAGAZINE, and that a second edition of the work should be called for within a year is not only a source of the greatest satisfaction to the author, but indicates the appreciation with which the work is met by the medical profession throughout the country.

The author does not pretend to say that the book is in anywise intended as a complete history of medicine, but rather, as its title indicates, an epitome of the history of medicine, which to the aver-

age reader is much more appreciated than a more voluminous volume.

The author very properly begins this condensed history with a description of the medical and surgical practices of the ancients, and brings in the most important facts and events comprised within the history of medicine from that time down to the present. Not only has the author considered the relationship which has ever existed between medicine, philosophy, natural science, theology, and even belles-lettres, but he has also considered the causes which conspired to prevent the more rapid development of the art. The two chapters upon the history of medicine in America, the one chapter on the history of antisepsis, and a single chapter upon an Epitome of the History of Dentistry, are exceedingly interesting and add much to the value of the work.

The book is freely illustrated, well bound, and is of sufficient importance to warrant its finding a place in the library of every progressive physician.

A. E. B.

PRACTICE OF MEDICINE.—A manual for students and practitioners. By George E. Malsbary, M. D., assistant to the chair of practice, Medical College of Ohio, University of Cincinnati; assistant to the lectureship of Clinical Medicine, Good Samaritan Hospital, Cincinnati. Series edited by Bern B. Gallaudet, M. D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York. visiting surgeon, Bellevue Hospital, New York. Illustrated with forty-five engravings. Lea Brothers & Co., Philadelphia and New York.

There appears to be a tendency to undue multiplication of compends of the various branches of medicine, the various publishers vying with each other in issuing series of such works. There must, however, be some reason for their existence in the nature of a demand on the part of the medical profession. In the preface to this volume the author gives in a single sentence one of the best reasons which I have ever seen for their publication, viz: "Medical progress is so rapid in our day that manuals have special value, in that they may be published in the shortest possible time, and thus place before the reader the most recent advances in medicine."

If judiciously compiled, properly balanced with a special reference to this feature it would seem as though they might have a

legitimate place providing they are not made to take the place of more elaborate treatises; for it is perfectly obvious that they cannot give to the physician that comprehensive view which he should take of the entire subject of practical medicine.

The present volume is a well written, well printed and attractively bound volume of nearly 400 pages and is sufficiently full to furnish an excellent review for students or even practitioners. The subject of typhoid fever, for instance, occupies ten pages, that of tuberculosis eight, and other topics in proportion; which is space enough to present all of the salient facts with reference to the various diseases and their treatment, and this the author has for the most part done in a very commendable manner. The book can be freely recommended for the purpose to which it is adapted.

G. W. M.

THE NEWER REMEDIES; including their Synonyms, Sources, Methods of Preparation, Tests, Solubilities, Incompatibles, Medicinal Properties, and Doses as far as known, together with sections on Organo-therapeutic Agents and Indifferent Compounds of Iron. A reference manual for Physicians, Pharmacists, and Students, by Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc., Professor of Chemistry and Physics in the New York College of Pharmacy; author of "Handbook of Pharmacy;" member of the Chemical Societies of Berlin and London; Fellow of the Society of Chemical Industry, etc. Third edition, revised and very much enlarged. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street, 1899.

The immense number of new remedies which have been thrown upon the profession by enterprising manufacturers and pharmacists has constituted a distinguished characteristic in the history of medicine during the last ten years. The busy practitioner who sees a great variety of cases, is flooded with literature making extravagant claims for this, that and a hundred other synthetic compounds largely emanating from prolific laboratories of Germany is simply bewildered. For him to experimentally test any considerable number of them in his practice is an impossibility and he naturally feels reluctant to accept the statements made by those whose articles are scattered broadcast by the enterprising business houses. Many of these it will be conceded are of a high scientific character, but the majority are just the reverse and the articles are written

with the real purpose of gratifying the vanity of the writer by distributing his articles widely through the profession.

He goes in vain to his *materia medica* for information although many of these recent additions are of actual value and he is really in need of reliable data concerning their dosage, therapeutic indications, etc. This little brochure contains the desired information in a very compact form and is a very complete array of "the newer remedies." The author does not attempt any critical estimate of their value, but simply gives their names, chemical formula, as far as possible, synonyms, brief description of physical properties, therapeutic effects and doses. The author is to be congratulated on having supplied a real need in a most excellent manner, although there is necessarily much trash with the wheat and it is unavoidably left to the practitioner to weigh the value of the therapeutic agents. The book is a necessity to every one who desires to keep himself posted with reference to this in part valuable, and in part worthless mass of material which has recently been forced upon the attention of the medical profession.

G. W. M.

MISTAKEN DIAGNOSIS.—If the newspaper accounts are correct, some of the physicians of Terre Haute, Indiana, are the victims of a mistake that has made them the laughing stock of the community in which they reside. A man supposed to have committed suicide was examined by three doctors and pronounced dead. While the coroner was being summoned, and some time after the disappearance of the doctors, an attendant, with intentions of covering the corpse from the eyes of curious spectators, was much surprised to see the supposed dead man raise up and say, "What in h— are you trying to do?" To make the story more effective, the newspapers claim that the would-be suicide has completely recovered and is now asking the doctors to make more certain when they again pronounce an opinion as to death. If the report in substance is true, the question arises as to the kind and quality of doctors.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

SOME GENERAL REMARKS ON THE DIAGNOSIS AND TREATMENT OF SERIOUS EYE DISEASES.*

By ALBERT E. BULSON, JR., B. S., M. D.,

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GENTLEMEN:—In presenting a paper before a society composed largely of physicians in general practice I realize that something practical rather than theoretical or speculative is demanded, and that generalities are usually more appreciated than limitation to a single specific subject treated technically and exhaustively. I have therefore thought best to consider in a general way some of the serious eye diseases frequently encountered by almost every physician of any considerable practice, and call attention to some of the points of differential diagnosis, and the necessity for not only proper but early treatment.

With due deference to the army of intelligent and progressive general practitioners I wish to say that it is impossible for any one to be skillful in the diagnosis and treatment of all the diseases and

* Read by invitation before the Wabash County (Ind.) Medical Society June 15, 1899.

infirmities that flesh is heir to, and he who would even keep pace with the astonishing progress that has been made in general medicine alone will find himself entered in a race which requires constant exercise of those faculties which make up the indefatigable student and progressive practitioner.

The general public has long since given up the old idea that a physician must be competent to successfully treat every affection of suffering humanity, and the general public is generous enough to give credit to the man who honestly admits his inability to successfully cope with every ailment which he may be called upon to treat. The general public, however, will not excuse him for failing to recognize the grave disorders which may require such attention as he is unable to give, nor will it excuse him for incompetency in the treatment of recognized disorders.

Many a man's loss of public confidence, and with it failure in practice, is due to a mistaken notion that he must not admit that there is anything pertaining to the science and art of medicine which he does not know. We all come in for enough criticism from patients, no matter how conscientiously we may try to serve them, but he who deals fairly with his patients will come in for the largest portion of praise and receive and merit the greatest amount of confidence.

I have but little respect for the man, who, like one of my brother practitioners who found one of his eye cases determined to consult an oculist, wrote me a note saying: "I have been treating this case as one of iritis. I trust that you will not find it necessary to make a different diagnosis or change the treatment." The case was glaucoma and the treatment atropine solution. An operation was required to relieve pain but not to save sight, as that had already been lost. Equally as inexcusable is the man who treated a sympathetic iridocyclitis, due to a sightless fellow eye that had been injured, while vision was slowly leaving never to return, the attending physician buoying the patient up with false hopes and promises that vision would all return after the *neuralgia* had subsided.

Errors in judgment will sometimes occur with the best of men, but errors due to ignorance and selfishness which bodes upon dishonesty, are inexcusable and brand the guilty one as unworthy of confidence.

As general practitioners you are called upon to treat all of the

various diseases and disorders common to the human family, and it neither becomes you as intelligent members of the profession to admit total ignorance regarding many affections which usually come under the specialists' care, nor on the other hand does it do you credit to profess a knowledge of that which is clearly beyond your understanding. My time will have been most profitably and pleasantly spent if I add to your knowledge of the diagnosis and treatment of a few of the more serious diseases of the eye which, as I have on more than one occasion had opportunity for noting, are the subject of much mismanagement and maltreatment through a misconception of the gravity of the disorders, or lack of knowledge to properly diagnose and treat them.

One of the most serious eye lesions, in which not only intense suffering but sudden and complete loss of vision frequently occurs, is glaucoma. This usually attacks patients over thirty-five years of age and begins with rapidly failing vision, severe pain in the eye extending to temples, and redness of the sclera about the cornea, and in severe cases oedema of the lids and conjunctiva. Not at all infrequent is the confounding of this disease with iritis which also begins with the same symptoms. If a careless or superficial examination be given, resulting in glaucoma being mistaken for iritis, and treatment instituted accordingly, complete loss of vision will inevitably follow.

Either glaucoma or iritis is a destructive disease and should receive prompt and energetic treatment, but while atropine is the sheet anchor of success in the treatment of iritis it will intensify the symptoms of glaucoma, and rapidly increase the inevitable loss of sight that is sure to follow if iridectomy or other suitable treatment is not at once instituted.

While there are symptoms common to both glaucoma and iritis, a mistake in diagnosis can be avoided if it is remembered that in glaucoma there is always increase of tension, the eye often being of stony hardness as compared to the fellow eye or the physician's eye; the pupil is invariably dilated and frequently oblong in shape, with a greenish color, the iris bulging forward so that a side view shows it to be almost touching the cornea, producing a shallow anterior chamber; the cornea presents a steamy or ground glass appearance; and the patient nearly always complains of rings or circles around artificial lights. These symptoms are either lacking or contrary to the symptoms in iritis, in which

there is no increase in tension; pupil generally contracted instead of dilated; iris not bulging forward but frequently depressed, giving an increased depth to the anterior chamber, and presenting well marked adhesions to the lens as indicated by the irregular margin of pupil; the cornea is clear; and the patient complains of no circles or rings around artificial lights but on the contrary presents a well-marked aversion to light of all kinds.

I have known both glaucoma and iritis to be confounded with the various forms of conjunctivitis, but in the differentiation it is simply necessary to remember that none of the forms of conjunctivitis, unless complicated by corneal involvement, are accompanied with any impairment of vision and the iris responds actively to light stimulus, which is not the case with either glaucoma or iritis.

The various forms of inflammation of the cornea may be mistaken for some of the diseases of the deeper structures of the eye. Among these may be named interstitial keratitis, which is an infiltration in the corneal substance, due in seventy-five per cent. of all cases to syphilis, either hereditary or acquired, and corneal ulceration, which is a breaking down of the superficial layers of the cornea and may be due, as is most frequently the case, to trauma of some kind, or to any constitutional dyscrasia. An error of this kind can be avoided if it is remembered that in nearly all inflammations of the deeper structures of the eye the cornea remains clear and transparent. The diagnosis of corneal involvement can be readily and satisfactorily made by using oblique illumination, the light from a window, lamp or gas jet being thrown obliquely onto the cornea by some reflecting surface and the observer viewing the cornea from different positions to detect even the smallest and faintest spots of opacity which are invariably present in any form of corneal involvement by inflammation.

It must never be forgotten that while vision may be entirely lost by affections in which external manifestations of inflammation are prominent symptoms it can also be lost either suddenly or gradually by affections in which there are absolutely no marked external symptoms of inflammation, in fact in which to any ordinary observer the eye would appear normal. Among these cases we have cataract, in which the normally transparent lens becomes opaque and completely destroys vision by mechanical obstruction. This condition may come on gradually, as in senile cataract, or

comparatively sudden as in the case of traumatic cataract which sometimes completely develops within a few days following trauma. Untreated cataract will continue to totally obstruct vision for an indefinite time, but fortunately the condition is amenable to surgical treatment, the only means by which vision can be satisfactorily restored.

We also have as occurring suddenly and greatly impairing or perhaps destroying vision, detachment of retina, in which the sensitive retinal layer may fold upon itself and destroy vision. Unfortunately this is a condition in which there is little if any hope of recovery. We also have hemorrhage from one or more of the retinal vessels, the blood, if in any considerable quantity, thoroughly clouding the normally transparent vitreous and precluding the possibility of sight, or if even a small organized clot in the region of the macula lutea may abruptly produce a sightless eye. This also offers but faint hope of recovery.

Partial or complete loss of vision may also occur in consequence of the development of an embolus of the central artery of the retina, a condition which cuts off retinal nutrition and impairs function. Recovery is problematical.

These conditions require for their recognition the use of the ophthalmoscope, an instrument which has made the science of ophthalmology one of the most important in the present large list of allied sciences pertaining to the human economy, and has made it possible to recognize and successfully treat many diseases fatal to vision which otherwise would have rendered countless thousands of our population sightless.

To the general practitioner who has but a rudimentary knowledge of the use of the ophthalmoscope it will prove of much importance for him to remember that in an eye in which evidences of external inflammation are absent, but in which there has been gradual or sudden loss of vision, absence of the red reflex of the retina as seen by throwing the light from the ophthalmoscopic mirror into the pupil of the eye, means usually one of four things: 1st., Cataract, which by oblique illumination can readily be detected, the white or light colored opaque lens being detected lying immediately under the free border of the iris, and more often occurring in elderly people. 2nd, Detachment of the retina, more difficult to diagnose, but perhaps in fully seventy-five per cent. of all cases occurring in individuals previously highly near-sighted. 3rd,

Retinal hemorrhage, when profuse enough to shut off reflex, being also difficult for the unskilled to diagnose, but usually occurring as a complication of a general disease—kidney lesions, syphilis and other blood diseases accompanied by degeneration of the blood vessels being prominent factors in causation. 4th, Intraocular tumors, causing degenerative changes of vitreous and retina.

Of cases of greatly impaired or complete loss of vision, without external evidence of inflammation, and without loss of retinal reflex, we have always marked degenerative changes in optic nerve and retina. Among common lesions of this class are atrophy of the optic nerve, either primary, or secondary to pressure by intracranial tumor; syphilitic, albuminuric or diabetic retinitis with marked deposits of gummatous material, or products of inflammation.

With a definite diagnosis treatment of most of these affections, aside from surgical intervention, can be fairly accomplished by following the information on the subject found in any good work on ophthalmology. In the absence of definite diagnosis, or even doubt as to the specific treatment to be employed, certain general rules can be observed. In the first place any active inflammatory trouble of the eye is not harmed by rest, and this can best be accomplished by bandaging the eye and requiring quiet on the part of the patient. Except in cases where there is a profuse and purulent discharge from the eye a bandage is beneficial in nine out of ten cases. With the presence of a mucous or purulent discharge, cleansing with a very mild antiseptic solution, (say bichloride 1 to 8000,) is always good treatment. Attention to the eliminative functions and diet are never contra-indicated, but on the contrary frequently form the most important part of the treatment. This is particularly true in many of the phlyctenular eye diseases of children in which there is intense photophobia or dread of light. With no other treatment than daily small doses of rochelle salts, small doses of quinine and bichloride of mercury with copious draughts of water, often repeated, and confinement to regular but plain fluid diet and plenty of out door exercise, forced if necessary, I have frequently seen the most aggravated cases of phlyctenular keratitis, with intense dread of light, disappear promptly.

In general cold applications are not only beneficial but grateful in all inflammatory troubles which involve the conjunctive and *external* tissues only. A possible exception would be a patient sub-

ject to neuralgia. Hot applications are applicable to nearly all other eye affections, and in such affections as keratitis and iritis they form one of the prominent features of successful treatment. In trauma affecting any of the eye structures cold applications are most frequently of service, though even here hot applications may be more grateful to the patient. Poultices, either of bread and milk, flaxseed, or what not, are positively contra-indicated in all eye diseases. If compresses are employed they should either be very hot or very cold to produce satisfactory results.

In general the medicines used in the treatment of eye affections should be very mild. The escharotic should be very, very rarely used, and then by an experienced hand and with the utmost caution. Personally I very seldom use an escharotic of any kind, preferring rather the curette when destructive action is required.

Drugs which effect the pupillary action, such as atropine, eserine, etc., should be used with caution, first because of systemic disturbance, and second because of the ease with which mischief can be done if used where contra-indicated. Either a mydriatic or myotic may sometimes produce irritation instead of allaying it. Atropine or any other mydriatic is positively contra-indicated when there is the least increase of intra-ocular tension as determined by palpation. It is generally indicated in all forms of iritis and in other conditions where advisable to put the ciliary muscle at rest. Eserine and other myotics are not always indicated, but are frequently used in glaucoma to reduce tension, and in threatened perforation of corneal ulcer near the scleral margin to prevent prolapse of iris.

Active astringents are for the most part confined to the treatment of chronic affections of the conjunctiva such as trachoma, and to acute purulent forms of conjunctivitis. In the gonorrhoeal ophthalmia of the new-born, unmistakably recognized by the conjunctivitis appearing at the second or third day after birth and rapidly assuming the purulent form, it is of the utmost importance to institute active astringent and antiseptic treatment in order to abort or hold in control the infective process which unmolested is rapidly destructive and eventually results in loss of the eye. Nothing is better for the purpose than a solution of silver nitrate, ten grains to the ounce, applied once daily to the inverted lids, and supplemented by thorough and very frequent cleansing of the eye with boracic or other mildly antiseptic solution. Neglect in carry-

out such treatment, or one equally as good, is nothing short of criminal.

In traumatisms of the eye, including those injuries which cause openings of the tunics of the eye-ball, either with or without lodgement of a foreign body in the eye, the proper course of treatment to pursue frequently becomes a problem difficult to solve. In many instances the question of saving some eyesight is important, in others the saving of the eye ball even without sight, for cosmetic appearance, must be considered, while in still other instances the saving of either sight, or eye ball without sight, will resolve itself into a question of the propriety of taking the risk of losing the fellow eye through sympathetic inflammation. Generally speaking extensive rupture of the eye ball, especially with loss of any of its contents, and particularly if vitreous has been lost, demands enucleation as the safest and best treatment. Any attempt to save the eyeball, with or without sight, will require long, painful and tedious treatment, with but a shrunken useless and sightless stump to repay for the time, suffering and expense, while in nine cases out of ten enucleation will ultimately be required in consequence of sympathetic inflammation which may appear early or late in the course of the trouble but almost inevitably due at some time subsequent to the injury.

In the case of a foreign body in the eyeball, if extraction is unsuccessful or impracticable, enucleation is also generally demanded to preclude the possibility of loss of the fellow eye through sympathetic inflammation. The only exception to the rule would be the case that gave evidence of a possibility of saving either a portion of sight or an eyeball for cosmetic appearances, with opportunity for frequently examining closely for symptoms of sympathetic inflammation, and the patient understanding that enucleation is demanded at appearance of first evidence of irritation in the fellow eye.

Wounds in the ciliary region or at any point below the sclero-corneal margin are particularly apt to produce sympathetic inflammation, and are, therefore, generally speaking, factors which lead to a decision to enucleate as safest treatment.

Wounds in the cornea, with or without injury to iris and lens, do not usually require enucleation, though the subsequent development of irido-cyclitis, and haziness of vision in the fellow eye,

the first symptom of sympathetic irritation, would require removal of the offending eye.

Loss of aqueous in itself is of no consequence, and a simple wound of the cornea, uncomplicated by infection or prolapse of iris, heals promptly, and, unless directly in the visual center, with little if any loss of sight.

Prolapse of iris complicates a corneal wound, but prompt abscission of the protruding portion of iris will frequently result in prompt recovery from injury with good visual function.

Wounds of the sclera will be disastrous or not depending upon the amount of vitreous lost. The loss of a drop or two of vitreous is of but little consequence, but more than that usually indicates that a shrunken and irritable globe will result. Enucleation, while not immediately necessary, will usually be required later.

Infection must be considered one of the dangers in wounds of the eye-ball, and if not introduced at the time of the injury may be introduced later if due care be not taken to prevent it. Every precaution should be taken to prevent inflammation from sepsis, as well as to prevent introduction of sepsis subsequent to injury.

In the consideration of eye diseases it must not be forgotten that many serious inflammations, among which may be named iritis, cyclitis, irido-cyclitis and retinitis may be directly or indirectly due to refractive errors, either manifest or latent, and that the careful adjustment of proper lenses by a competent oculist will not only prevent these troubles in the predisposed through refractive errors, but materially assist in the treatment of any established inflammatory affection. On the other hand it must be remembered that in many instances ill-fitting glasses, prescribed without an iota of knowledge as to the physiological or pathological condition of the eye, and more often with but the most meagre knowledge of its refractive conditions, (as is the case when jewelers and opticians adjust glasses) is responsible for many cases of ocular inflammation which the physician is called upon to treat.

Fifty per cent. of all headaches are undoubtedly due to some refractive error, which if properly corrected would place the patient in a position of comfort. Many cases of conjunctivitis and nearly all cases of blepharitis, and phlyctenular eruptions of the eye-lids, are due to refractive errors and the permanent cure of which depends entirely upon the proper adjustment of glasses. The physician who accepts this statement as true and attempts to secure

relief for his patient by referring him to a jeweler or other spectacle vender, be the latter a graduate optician or not, for adjustment of lenses, will one day learn that he has been fostering one of the greatest impositions upon a suffering public. If my knowledge of the necessities of the eye and the particular care and judgment required in providing for those necessities are not sufficient to warrant my speaking out against the too common practice of trusting a skillful procedure to an ignorant and unskilled operator, my knowledge of the many astounding and disastrous blunders of opticians, with the attending inflammation and suffering thereby produced, is ample excuse for my sounding the warning note to my fellow practitioners who aim, or should aim, to represent the rational in the practice of medicine and surgery.

In conclusion I may add that the general rule may be formulated that impairment of vision, whether accompanied by external evidence of inflammation or not, whether accompanied by pain or not, and whether appearing suddenly or gradually, should be considered worthy of attention and not left to be outgrown, overcome by nature, or turned over to a presumptuous optician. In voicing these sentiments, I am not speaking with a selfish interest for the oculist, but rather a desire to encourage the general practitioner to give his eye cases more study and attention that he may not only be able to serve his patient to better advantage but with profit to himself.

55 West Wayne Street.

CONSERVATIVE SURGERY OF THE OVARY.

By DR. HERMAN A. DUEMLING,

Professor of Surgical Anatomy and Assistant to Chair of Surgery in the Fort Wayne College of Medicine.

The term conservatism in surgery may be defined in as many different ways, and as many different explanations of its meaning may be rendered as of the mystic savings of the oracle at Delphi. True conservatism, in the garb of the saver of healthy organs as well as under the mantle of destruction of diseased tissues, is the mainspring of successful surgery. Through the constant desire to save that which is healthy and destroy that which is diseased, surgery has been made what it is today. Conservative surgery, then, is that kind of surgery which aims, paradoxical as it may seem, to save and to destroy at once according to fixed rules.

We would not proclaim surgery conservative and good which in a case of carcinoma cervicis ended with the amputation of the cervix, nor call surgery radical and bad which after removal of a scirrhous of the breast also removed all neighboring lymph glands. Nor could we justly call such surgery radical--though it be destructive surgery, destructive to both health and life. And so we find two classes of surgeons, the conservative and the radical,—not reckoning the “Money or Your Life Surgeon”.

Under the caption of conservative surgery and in its name great harm is done, not only to the patient, but also to the general reputation of surgery. So-called conservative surgery is too apt to be in reality incomplete surgery, and what, perhaps was once a case for true saving surgery is now a sacrifice to most radical means. Indeed, some who parade as conservative surgeons and thereby attract the timid doctor and frightened patient, actually remove more ovaries and tubes than their so-called radical colleagues. The exhibition of half an ovary and a slice of tube is often claimed as great credit when, in fact, nothing but a simple catarrhal salpingitis brought the patient to the surgeon, and would have yielded to something less heroic than the knife.

The dictum of Thomas Addis Emmett, of twenty years ago, “that it matters not so much what you remove from the belly as what you put into it and leave there”, has given those who misunderstand it a great impetus which, unfortunately, is exhausted on ovaries and tubes. Aye! It is safer to be a moonshiner in Texas than an ovary in some localities. The man who can't refer to his seventy-sixth double ovariectomy without a death and also,—without blushing,—is far behind.

Thanks to real conservatism he who presents ovaries and tubes to an up-to-date medical society nowadays must give good reasons for their removal or stand the censure and criticism of his confreres. So much has been learned of the pathology of uterine, ovarian and tubal diseases that real conservatism is crowding real radicalism out. Ovaries and tubes which five years ago were beyond hope are now wholly or in part restored. Small ovarian cysts may be dissected out. Hydro-salpinx may be cured, not by removing the whole tube but by fenestrating it; for we have learned that a small part of an ovary will carry on its functions a good deal better than none at all, and that a fenestrated tube does serve as a conductor for the ovum and safely lands it where it may become

impregnated. What a vast stride! We may now save our patients from the horrible train of symptoms which follow a double ovariectomy. We do not "unsex" our patients. In short, we have it in our hands to save her for a life of usefulness worth living for and prevent her from exchanging one misery for another and perhaps worse one.

It is true conservative surgery has perfected panhysterectomy. Fifty years ago few operators attempted its performance owing to its appalling death rate. That has been changed, and even now we are welcoming with delight a triumph of conservative surgery in the operation of myomectomy.

Since the time Battey, Lawson Tait and Heger recommended the removal of ovaries and tubes, how many inoffensive, healthy organs have been destroyed and how much misery has been wrought which accumulating experience now averts, and which true conservatism now makes possible to save. For twenty years these men were at the head of their special branch in the greatest countries on earth. Radical operations and operators were then the rule. Quiet, modest and unostentatious conservatism has effected a change and sacrificial surgery is giving way to it in the name of science and humanity.

The more intelligent discrimination exercised in regard to pelvic disease, the result of clinical observation and use of the microscope, has been one of the most potent factors in creating conservative methods. It is now well known that adhesions surrounding uterus, tubes and ovaries are the result of a pelveo-peritonitis and persist long after the inflammation which caused them has disappeared. But these adhesions do not in themselves constitute a disease of the imprisoned organs and there is no reason why these organs will not regain their pristine functions if the adhesions are severed and the pelvic organs liberated.

The lesson we are taught by this observation is a valuable one and may be laid down in this rule: Adhesions of the ovaries and tubes to the pelvic wall or floor, to the uterus or to the intestines, never constitute *per se* a valid reason for their removal.

The regeneration of inflamed tissues is proven possible by abundant clinical observation. The pelvic organs have been found in perfect condition at a later date, when tubal and ovarian abscesses had been drained at a former occasion. The tubal walls do not lose their epithelial linings, even if distended with fluid as

in hydrosalpinx, and if fenestrated instead of removed, the tube may and often does preserve its function. Oftentimes a tube is sacrificed because its ovary must be removed and vice versa. It is so easy to make for both a common pedicle, the Staffordshire knot is quickly tied, and a useful ovary, which well directed effort and skill could have easily saved, has been ablated.

Both nature and disease impose some limitations on conservative surgery. If a patient has reached the forties, one important reason for conservatism falls—the possibility of pregnancy. This, of course, only affects the tubes, the transmitters of the ova. The uterus and the ovaries are of the greatest importance so long as menstruation persists. We know that the ovary is one of those glands which have an internal secretion necessary for the maintenance of the normal equilibrium of the economy. No age limit can be set on their activity in this respect. In case the patient commits her case entirely to the surgeon, and this she ought to do, he should, in all cases, try to avoid mutilation. To the uninitiated a conservative operation may not seem very brilliant, but those who understand how and where to place the value will appreciate the efforts of the conservative surgeon in the same measure as they deprecate the wholesale slaughterhouse-like removal of organs whose only offense is the readiness with which they can be extirpated.

All conservative operations on the ovaries that are possible can not be described in a short paper, but we may sum up the conditions under which conservative methods may, with propriety, be employed. The principles applied in ovarian surgery comprise the puncture of cysts, the amputation of ovarian structure, suturing the remainder, and the exsection of cysts with the coaptation of the ovarian tissue. The conditions under which these principles find place are these: The ovary is not removed in;

1. Ovarian adhesions.,
2. Multiple Graafian cysts.
3. Cyst of the corpus luteum,
4. Ovarian cystoma (with certain restrictions),
5. Parovarian cyst.

In order to make the site of operation as accessible as possible the ovary and tube should be lifted out of the belly and isolated by packing sponges around it. As the diseases treated conservatively are not liable to return, it is not necessary to remove

healthy tissue with the diseased portion. It is well, however, to excise portions of the ovary in the form of a wedge, as the defect is then more readily closed. For suture-material fine catgut in a seamstress needle is the most preferable. The sutures are introduced deep into the tissues close to the cut margin, and tied sufficiently tight to control hemorrhage, which, latter, however, is usually very slight. The knife is the preferable instrument for exsection.

Ovarian adhesions may vary from simple velamentous adhesions to dense union of the ovary to other structures, imbedding it. The slight adhesions may be stripped off, or better still, cut off close to the ovary with scissors under inspection of the eye. The dense adhesions must be treated on a different plan. It is an observation which I have often made that dense pelvic adhesions are best liberated by attacking them from below and not attempting their liberation from above. Oftentimes an ovary soldered down so that freeing it seems impossible, is easily and without tearing into it coaxed loose. The same rule holds good for tubes and uterus. In addition, it is wise, in the case of dense adhesions, to stitch the ovary to the uterine cornu, away from its former site.

Multiple, small Graafian cysts need only to be punctured with the knife or thermocautery. How many of these cysts constitute a pathological condition is not decided, but it is certain that they can never be the cause for removal of the ovary, yet this is perhaps the most frequent pretext under which perfectly healthy ovaries are removed and destroyed. Under the name of "cystic" ovary it is lassoed with a Staffordshire knot, tube and all, and presented to the medical society as an evidence of the prowess and skill of the surgeon who adds this case to the seventy-six already mentioned, and the patient———?? Every normal ovary is cystic, but the pathological ideas of pathology of some die hard and in degree only.

Cysts of the corpus luteum may attain considerable dimensions. If large, they may occupy the greater part of an ovary. These cysts can be shelled out easily and form no sufficient cause for removal of the ovary.

Ovarian cysts usually occupy the entire ovary. When we find at the base macroscopically healthy ovarian tissue, and the ovary of the other side is removed, it justifiable to leave the apparently sound tissue and excise the cyst. Even dermoid

cysts may be treated in this way successfully. Parovarian cysts are usually shelled out readily. All large cysts are tapped before attempting their delivery from the belly. The relief of tension thus obtained usually increases the hemorrhage somewhat, but the saving of a large incision overbalances this entirely.

In conclusion, I submit the following axioms:

1. Conservatism is the attitude of true surgery.
2. The uterus, tubes and ovaries are of paramount importance in preserving the physical and psychical equilibrium of the female economy.
3. The disease of only a part of one of these organs, except in the presence of malignancy, does not warrant the removal of such diseased organ in its entirety.
4. Inflammatory disease of the pelvic organs or their peritoneum does not *per se* preclude the possibility of their functional recovery.
5. The intrinsic value of the female generative organs forbids their removal en masse for disease of one part only, except in case of malignancy.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of November:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	1	1
Scarlet Fever	4	0
Measles	0	0
Typhoid Fever	2	1
Tuberculosis	not rep	6
Cerebro-Spinal Meningitis.....	2	2
Small-pox.....	2	0
Chicken-pox.....	not rep	0
Whooping Cough	not rep	0
Total deaths from all causes.....		42

THE SMALL-POX SITUATION IN FORT WAYNE.

It is not unusually surprising that with small-pox existing in various parts of Indiana, and especially just across the State line in Ohio, but a few miles away, the disease should finally appear in the city of Fort Wayne. On November 11th the city health board was notified that a suspicious case, thought to be small-pox, existed in the eastern part of the city. Members of the City Board of Health, together with the very efficient County Health Officer, who has a wide experience in the diagnosis and treatment of small-pox cases, immediately made an investigation and found a woman of thirty-five, Mrs. Chas. Axt by name, suffering from well marked smallpox of the discreet form. When examined by the health board the patient presented typical pustules over various parts of the body. A nursing child of but a few weeks of age presented unmistakable evidence of the disease, though the pustules were rapidly disappearing. The family had recently returned from a visit to a locality in the southern part of the State where small-pox has recently been prevalent, and the time and place of infection was thus made clear.

The family was immediately quarantined, all individuals known to have been exposed being vaccinated and placed under surveillance, and an order for general vaccination throughout the city issued. The Common Council in special session voted a sufficient sum of money to cover all expenses of quarantine and such other expense as might be necessary to carry out any required regulations of the city health authorities. Under orders from the Board of Health, vaccination of all school children was required, no child being allowed to attend school without presenting evidences of recent successful vaccination.

The prompt recognition of the disease, coupled with the commendable activity of the Board unquestionably had much to do in preventing a spread of the contagion, as up to the present date no further cases of small-pox have developed in the city.

Small-pox has, however, gained a footing in the eastern part of the county, close to the Ohio line, and about twenty miles from the city, but the source of infection is positively traced to Ohio. A family by name of Eager, consisting of a man, wife and two children, and an old man (father of the husband) had been visiting at Delaware, Ohio, where it was said several bad cases of chicken-pox existed. While at Delaware, the old man was taken sick with

what was diagnosed by the local physicians as chicken-pox. While on his way home and when in Columbus, Ohio, the younger man was taken sick with fever, pain in the back, and faint suspicion of eruption, the attending physician making a diagnosis of probable typhoid fever. Upon the patient's arrival home the eruption had assumed the pustular form, and when a few days later the health officers of Fort Wayne were called the patient exhibited a temperature of $103\frac{1}{2}$, with confluent pustules and other evidence of well marked small-pox. At the same time the old man exhibited a pustular eruption which was fast disappearing, and one child a similar condition.

Many of the neighboring farmer families had been exposed, the members of which were promptly vaccinated and placed under surveillance. The Eager family were placed under rigid quarantine. The exposures, however, had done their work and one week after the discovery of the disease fourteen cases of small-pox had developed in the neighborhood and were placed under quarantine. It is thought by the health officers that the disease is now under control and that no further trouble will be experienced. It has recently been learned that the so-called chicken-pox at Delaware, Ohio, was finally diagnosed by the Ohio State Board of Health as small-pox, after almost an epidemic of the disease had broken out in a female seminary of the village.

It is, indeed unfortunate that more care is not taken in the diagnosis of the eruptive diseases and that in any suspicious case quarantine is not at once instituted and maintained until all possible or probable chances of spread of infection have disappeared.

In a consideration of the present small-pox scare in the City of Fort Wayne it is a little amusing to note the manner in which the evidence as to existence of the disease was accepted by the people at large. As might be expected many fault-finding and discontented people were loud in their condemnation of the authorities in "penning up people suffering from measles or chicken-pox" and insisting upon useless vaccination, but it took one of the city councilmen, formerly thought to have a fair amount of common sense for an alderman, to take the prize for the best and most complete display of unvarnished ignorance and assumed importance. This misguided individual is reported to have visited the house where the Axt woman was quarantined and after having the small-pox patient brought to the window for inspection promptly reported to

the inquisitive and sensation loving reporters of the daily papers that the patient was suffering from nothing more severe than measles, and was therefore unduly and unjustly confined and put to inconvenience by a lot of "fool doctors" who took the action for the purpose of increasing their income by the vaccination fees which they knew would follow.

Whenever radical measures must of necessity be adopted for the protection of the community opposition may be expected, and this opposition always comes from those who would be loudest in their condemnation if the slightest ill-consequences resulted from lack of precautionary measures. It is, however, a pleasure to note the indifference with which the city and county health boards look upon the snarling and senseless criticism of aldermen and others who give evidence of too much bumptiousness, and with what promptness and decision the established rules of quarantine are inaugurated without fear or favor when danger threatens. Truly, the City of Fort Wayne and residents of Allen County can be proud of their efficient health officers, and we know that the intelligent element of the population will approve and support their efforts.

A. E. B.

THE SERIOUSNESS OF SUPPURATIVE INFLAMMATIONS OF THE MIDDLE EAR.

There have recently appeared in various medical journals many reports of interesting cases of middle ear suppuration and its complications, which should serve to call the attention of those practitioners who look lightly upon all diseases to the real seriousness of these affections.

In a recent number of the *Medical Record* we read the report of a case in which mastoiditis, with complicating sinus thrombosis and cerebral abscess resulting from acute inflammation of the middle ear, presented themselves without marked symptoms, and which, had they not been noted by the skilled otologist, would have probably been overlooked by the attending physician, only to be discovered later by autopsy. We also obtain the report of an autopsy performed upon a man who died a few hours after having been found unconscious in the street, and whom the hospital authorities thought likely had been sand-bagged. Upon autopsy it was found that the man had been a sufferer from purulent

otitis media, the discharge having gradually burrowed through the tegmen tympani and a cerebral abscess having developed, suddenly rupturing, causing the man's death.

It is not an uncommon thing to hear of general practitioners advising their patients suffering from earache to wait until the abscess "breaks," when all pain will be over and no further attention is necessary. They seemingly do not know that while it is possible for pus accumulating in the middle ear to escape by way of the Eustachian tube and the case go on to resolution with no perforation of the drum head, or in case of perforation for the inflammatory process to expend itself and resolution occur with no other untoward result than impairment of hearing, there are more serious consequences that may and frequently do occur, ending, perhaps, in loss of life of the patient.

We need but remember that the cavity of the tympanum is covered above by a thin rarefied bony plate, which is in direct communication with the cerebral meninges, that the floor is close to the great jugular, that its internal wall is a labyrinth wall with its two fenestrae covered only by thin membrane and opening into the ramifications of the acoustic nerve, and the fluid which is continuous with that of the sub-arachnoid space, while externally we have a membrane of about the thickness of letter paper, to realize how readily the suppuration may extend beyond the confines of the tympanic cavity and produce such serious complications as brain abscess, meningitis, blood poisoning or pyaemia, ultimately leading to a fatal issue.

In consideration of the fact that many fatal results directly and solely attributed to the extension of suppurative processes within the middle ear have been reported by competent authorities, it would seem that to under-rate the gravity of an acute suppuration, or even an acute catarrh of the middle ear, is to invite peril to life.

Equally important is the consideration of chronic suppuration of the middle ear, an affection which among the laity is called a "running from the ear," and which, as Dr. Roosa well says, "has been so lightly regarded by the profession that every year people die from its direct results and under the observation of physicians without the suspicion that the disease of the ear and of the ear alone was the cause of their death". Even among the laity there is quite wide spread

opinion, not uncommonly encouraged by the profession, that there is no harm resulting from a chronic ulcerative process in the ear when it is well out of sight, and occasionally we are told that a discharge from the ear is positively beneficial in serving as an avenue for the escape of impurities from the system. Strange, indeed, that it never occurs to these people that such a drain to the system, if necessary, would have been provided for by our Creator.

The recognition of the possible serious complications which may result in direct consequence of a discharge from the ear, whether acute or chronic, cannot be too vigorously impressed upon the minds of every student and medical practitioner, for as Sir William Wild has well said, "we can never tell how, when or where it will end or what it may lead to". Among serious consequences may be named mastoid disease, caries and necrosis of the temporal bone, cerebral abscess, pyaemia and paralysis.

It is in view of these consequences that many life insurance companies are declining to insure the lives of persons that are affected with chronic suppuration of the middle ear. A person might as well have a charge of dynamite in the middle ear, mastoid antrum or cells as to have a suppurative process going on there, as one cannot know the moment when accidental circumstances may arise which may cause infected matter to become widely disseminated all over the cerebro-spinal system.

There are too many people today who consider a "running ear" as a mere inconvenience instead of a menace to life, and too many men in the practice of medicine who look upon aural disease as scarcely worthy of more attention than an ordinary furuncle. To this class of individuals a little knowledge of the gravity of suppurative ear troubles would not be amiss. A. E. B.

FAILURE OF THE INDIANA MEDICAL LAW.

For many years Indiana had a medical law which in practical application amounted to no law at all. Persons of all shades of medical opinion, with or without qualifications, could practice the healing art within the confines of the State without molestation. The illiterate root and herb doctor, the patent medicine fakir, the ignorant pretender and charlatan of whatever stripe, under the guise of "Doctor," could ply his nefarious trade to the detriment of the community selected for his work but with profit to himself, without fear of disturbance.

Realizing the necessity for a restriction of this license, and an

increased requirement of those who would practice the healing art in Indiana, the physicians of the State began an agitation in favor of the passage of a law to regulate the practice of medicine and surgery, having as its object the establishment of a certain requirement as pertains to medical knowledge. It was deemed necessary that those who would practice the healing art and have the care of lives should have a knowledge of all that pertains to medical and surgical science. This was considered as necessary as it is that those who act as engineers upon railroads and have the lives of passengers in their hands must have a knowledge of railroad engineering.

The agitation finally resulted in the passage of a new medical law by the Indiana Legislature of 1897, which, while not up to the expectations and requirements of the promoters, was considered a long step in advance and a most decided improvement over the old law. The new law provided for a board of examination and registration, composed of representatives from the four principal medical sects of the State, before whom not only those practicing medicine in the State should appear in person or by credentials, but all those from outside who desired to locate within the borders of the State.

The Board of Examination and Registration, with power to make and unmake practitioners for the State of Indiana, began operations as soon as appointed by the Governor, and directed its first attention to the established physicians of the State, being unduly and frequently discourteously exacting when considering the requirements of established medical men of recognized ability. The mendacious quack received but scant attention and with few exceptions went through the "investigation" unharmed.

Nearly three years have now elapsed since the new medical law of Indiana went into effect, and in an endeavor to discover what real good has been accomplished as a result of the passage of that law we are forced to admit that but few, if any, practical benefits have been derived. So far as we are able to determine, the number of medical quacks and imposters have not decreased, nor are they molested in their work. Men with absolutely no medical training or knowledge, and even illiterates are allowed to practice medicine without license and without disturbance. Those who realize their inability to pass the requirements exacted by the law and the Board of Medical Registration and Examination

are sufficiently shrewd to ignore the law and the officers intrusted with the duty of enforcing it, knowing that no ill consequence will result.

The Medical Law of Indiana having proven a practical failure, to what may we assign the cause? Granted that the law is right in intent, and its provisions sufficient for the production of satisfactory results, we can assign the failure to no other cause than inefficiency in enforcement. The Board of Registration and Examination have rightfully come in for a large share of criticism for not only interpretation of the law but manner of sustaining it. With zealous fidelity the Board has seen fit to make all recognized intelligent physicians comply in every detail to every requirement of the law and oftentimes unnecessary exaction of the Board. This would pass without criticism were it not that the inefficient and uneducated, to whom the law was really directed, did not seem to receive consideration,—in fact were in many instances allowed to slip through, or not having paid any attention to the requirements continued to practice and are yet practicing without leave or hindrance.

Perhaps most at fault for the failure of the law are the officers of the various counties throughout the State, whose duty it is to prosecute those who in any way do not comply with the requirements of the medical practice act. To our certain knowledge some prosecuting attorneys have refused to prosecute violators who, through financial, political or other influence, were able to "control" the officers who could force a conviction.

Lastly, there is the sentiment of the masses that a medical law which imposes restrictions and requires a certain standard of proficiency is class legislation and aimed for the benefit of the medical profession only.

It occurs to us that one of the first things to be done in connection with the crusade against quackery of every kind is to educate the people as to the necessity of legislation tending to an increase of proficiency of all those who would practice the healing art. When people in general understand that it is just as necessary for a practicing physician to have a knowledge of medical and surgical science if he is to be trusted with human life as it is for an engineer to have a knowledge of machinery and its practical application in the running of a locomotive before he is intrusted with the lives of passengers, then we will find much less opposition

to much needed legislation to regulate the practice of medicine and surgery.

Physicians as a class are afraid the public will find out something, and it is high time that our "ethical silence" be broken and an attempt be made to give the people a little of that information which they so much need. The newspapers and current periodicals contain many articles sustaining the medical quack and pretender, public lecturers and street corner orators cunningly defend and extol the Christian Science Healer, the Osteopathist, and a hord of other frauds, but never a word do we hear from medical men, who with truth and right upon their side could readily overturn false and deceptive teaching.

Quackery thrives and grows more every year in consequence of inactivity on the part of those competent to distinguish quackery. To the general inactivity of medical men in disseminating right teaching relative to the reason and necessity for knowledge of the science of medicine and surgery as a requisite to the right to attend the sick and suffering, can be largely attributed not only the growth of deceptive teaching, but the failure to make medical practice acts effective. The present condition in Indiana is no exception.

A. E. B.

THE RELATIONSHIP BETWEEN INTESTINAL DISEASE AND PERNICIOUS ANAEMIA.

One of the most notable addresses to which the writer has ever had the pleasure of listening was that of Prof. Adami, of Montreal, before the last joint meeting of the Chicago Medical Society and Chicago Society of Internal Medicine, on "Latent Infection and Sub-Infection in Their Relations to Pernicious Anaemia." A remarkable feature of the address was nothing less than a bold challenge of the orthodox belief in the sterility of healthy living tissue and especially of tissues whose resistive powers have been lowered. The principal avenues of infection of the living organism were alleged to be the respiratory and alimentary tracts, his attention being given especially to the latter. One role which the leucocytes play in the bacterial invasion of the living organism has been fully established by finding them in the intestinal tract filled with bacteria and obviously passing to and fro between the blood and alimentary channels.

The colon bacillus is believed by this eminent observer to be the principal but by no means the only source of this sort of chronic infection and he has demonstrated the presence of diplococcoid bodies in the tissues which represent morphological changes of this organism.

These organisms, of necessity, exist in the blood and especially in the portal blood, and if the number is large or the defensive mechanism of the liver weakened they find their way into the general circulation. He claims to have discovered one reason why cultures from the blood of patients have been so uniformly negative in the fact that solid media have been used instead of broths, in the former of which the rapid coagulation of the blood develops germicidal properties which inhibit or destroy the organisms. Some recent observations of my own with cultures in a case of leukaemia appear to bear out this theory. Although solid media were used and the blood taken with an aseptic syringe, with absolute precautions, directly from the vein, cultures were uniformly obtained; but the blood was *practically incoagulable* and herein, according to Prof. Adami, may lie the secret of my success in this case and my failure in so many others.

The primary effect of this infection upon the portal circulation would go far to explain the excessive portal haemolysis as evidenced by pigmentation of the liver pointed out by Hunter and others as one of the most characteristic phenomena of so-called idiopathic pernicious anaemia. Taken in connection with the absorption of toxins generated in such large quantities in certain cases of intestinal disease it would appear to go a long way toward explaining these cases of anaemia and especially the large quantity of iron excreted by the kidneys, as in a case recently recorded by me in the April volume of *International Clinics*, (*) in which the quantity of iron excreted in twenty-four hours was 400 milligrammes, being about 50 or 60 times the normal quantity.

That there may be and perhaps are other factors aside from this at least predisposing to the rapid degeneration of blood cells pointed out by Ehrlich, Prof. Adami is not prepared to deny, but his researches appear to demonstrate the paramount importance of intestinal infection in the genesis of pernicious anaemia.

Prof. Adami's distinguished services to science have made his name a familiar word in medical literature and have helped largely to make the name of McGill university, to which he was called

from Cambridge and from which he refused to depart at the presumably gold lined request of opulent New York, a synonym for scientific investigation and original research of a very high order. At the banquet subsequently given in his honor his dignified sentiments concerning the relationship between Canada and the United States and the community of interest of the entire Anglo Saxon race mark him as a man whose capacity for thinking, like Virchow's, extends beyond the realm of medicine into that of statesmanship. May he return often. G. W. M.

(*) See also August issue of this Journal, in which unaccountable "jumble" of several sentences entirely destroy the sense. The author was careless in proofreading because the article was set up from the printed page from "International Clinics", and he took too much for granted.

THE TOXIC NATURE OF MIGRAINE.

Dr. Lauder Brunton, in a paper before the last meeting of the British Medical Association, dealt with this form of headaches and had no hesitation in ascribing them to toxins circulating in the blood. In dealing as I have with several hundred cases of chronic gastro-intestinal disease during the past few years the relief of the severer and frequently recurring types of headache has been one of the most conspicuous byresults that have been noted. As a general rule, this has been merely an incident in the case and was not the particular reason why the patients were under treatment, their local gastro-intestinal symptoms or general nutritional disorders being the main things for which relief was sought. In one of my early cases occurring several years ago, a lady of some fifty years of age, was under treatment for gastritis and incidentally mentioned suffering from chronic headaches over a period of more than thirty years, occurring every one, two or at the most three weeks and disabling her from four or five days to a week. The stomach disease was cured in about one month and she remarked at that time that she had not had a headache during this period. Some three years have now passed without the recurrence of a single headache. The cure was apparently complete. The stomach was in a very bad condition, filled with large quantities of toxic material, the absorption of which was the undoubted cause of the headache. This case was a sort of "eye opener" to me and has been followed by a long series of others with very nearly uniform results.

In another typical case under the care of Dr. Johnson, of

Wawaka, Ind., the patient had had attacks of headache for many years which never recurred after the first week of treatment of the gastro-intestinal disease which was at the bottom of it. This was about one year ago. A similar case with similar result up to date of last report occurred within the last few months under the care of Dr. McCall, of Lima, Ohio. Many others could be cited along the same line.

Of course, these toxins may have a variety of sources as is well known and as I have repeatedly pointed out in previous communications (*) although there is no source so common as the alimentary canal in which they are constantly present in large numbers ready to take advantage of favorable conditions, especially a weakening of the defensive barriers of the organism and exerting their destructive influences upon the blood in one instance, the nervous system in another, and still other structures in other cases according to their relative vulnerability.

G. W. M.

(*) Transactions of the Indiana State Medical Society, 1898, page 155 et seq; New York Medical Journal, October 22, 1898; New York Medical Record, September 30, 1899.

THE FEE OF THE DOCTOR.

The October number of the *Ladies Home Journal* contains a very interesting article upon this subject which we hope will be read with considerable profit by a large number of people. It contains, however, some good suggestions which might well be followed by the doctors if they are to lessen the amount of worry over uncollectable accounts, and increase the amount of their income.

The writer says, "I have often thought that if doctors sent their bills at shorter intervals than they now do, it might mean prompter payment. Except in cases of protracted illness, I have never quite understood why physicians, instead of waiting three, six and sometimes twelve months, should not adopt the commercial method of presenting monthly bills. It is unquestionably a trait in human nature which makes it harder to pay a bill six months after services have been performed, and when, in many cases, those services have slipped from the mind. However, the very fact that the doctor has already waited three or six months should entitle his bill to first or early consideration of payment. If some families kept their grocerymen or butchers waiting for the

payment of their bills as they do their doctors, their credit would be soon looked into and regarded with suspicion."

We would like to add to this that the doctor has to pay the tailor, the butcher and the groceryman like anyone else, and no extension of credit is usually granted. The doctor is not offended by receiving a monthly statement of account from people from whom he buys the necessities of life, and on the contrary the general public should offer no objections if the doctor adopts business-like methods and also renders his statements monthly.

In alleviating pain and suffering, if not in the saving of life, the doctor has certainly rendered services which rightfully cannot be estimated by a standard of dollars and cents, and which too often seem greatly disproportionate in value to the size of his fee. Except, as already stated, where the indebtedness is very large in consequence of protracted illness, there is no good and sufficient reason why the doctor's bill should not receive the same consideration as those from tradesmen to whom money is paid for something less valuable than life and health. We have always advocated and will continue to advocate the presentation of monthly statements by all physicians to patients who are indebted. No physician who adopts this policy is the loser, but on the contrary gains in every instance.

A. E. B.

THE RELATION BETWEEN PHYSICAL AILMENTS AND NERVOUS AND MENTAL DISORDERS.

In a recent number of the *Bristol Medico-Chirurgical Journal* (*N. Y. Med. Journal*), there is a very interesting report which goes to show the importance of, so far as possible, removing all physical diseases in the treatment of the various psychoses. Whether the physical disease occupies a primary causal relationship to the mental disorder in every instance is of scientific, but not of practical moment. The fact is that the psychoses disappear in many cases with the removal by operative or other remedial procedures of the morbid condition. To many minds this sequence of events would establish the correctness of the last named proposition and certainly the burden of proof rests upon those who hold to the contrary opinion.

What is true of mental disorders is true of all diseases of the nervous system whether it be epilepsy, chorea, neurasthenia, or any sort of neurosis. It is idle to attempt to cure the nervous disorder

without adequate treatment of any physical ailments which may possibly have a bearing either in the direct causation or in the aggravation or perpetuation of the former. Whether this diseased condition is in the stomach, intestines, liver, uterus, or the ovaries is relatively unimportant although there are certain organs, such as the stomach and intestines which are capable, owing to the strong toxic influences upon the nerve centers; although it must be admitted that the chemistry of many other organs, such as the various ductless and other glands, is too little known to enable us to limit their possibilities in these directions. The aphorism of Herbert Spencer that the first requisite of a good man is to be a good animal finds its strict application here and its proper observance will lead to the successful treatment of many otherwise and hitherto incurable cases.

G. W. M.

PATHOLOGICAL EXHIBITS AT THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The flattering manner in which the pathological exhibit of the Indiana State Medical Society at the Columbus meeting of the American Medical Association was received has prompted Dr. Frank B. Wynn, of Indianapolis, to advocate the establishment of a department of pathology to which all of the state medical societies shall contribute, as a permanent feature of the Association. In a letter to the *Journal of the American Medical Association*, published December 2nd, Dr. Wynn outlines a plan whereby he believes that through a general committee of selection a most valuable and interesting exhibit may form a part of each annual meeting, the exhibits at some time in the future to form part of a national pathological museum under the direct control of the American Medical Association.

The plan as advocated by Dr. Wynn is in substance that a committee from each state society select only the best specimens which may be tendered by the profession throughout the State, and that before these are shipped to any meeting of the Association the committee shall know what specimens are to be furnished from the different states so that duplication may be avoided. By selecting only the best specimens from each state, and avoiding duplication, it is thought that the number of specimens from each state will not be so large as to entail much inconvenience and expense in transportation, but that

coming from all over the Union the aggregate will be a collection that is noteworthy from every standpoint, and well worthy of representation as one of the features of the annual meetings.

The plan as outlined seems entirely feasible, and we are in hearty sympathy with the movement. What the Indiana State Medical Society did last year can be done by every other state society, and now that the members of the Association have had occasion to realize the benefit derived from such an undertaking we feel sure that but little opposition can be offered to the scheme as essentially considered. We hope that there will be a full expression of opinion upon the matter from leading members of the Association to the end that something tangible will result at the next annual meeting.

A. E. B.

DEATH FROM HAZING.

A student from Cornell has recently lost his life as a result of hazing, it being the second instance in which a life has been sacrificed at this institution through the reckless folly of its students. The practice of hazing, so prevalent in nearly every public institution of the land, has become so menacing to life that some effort should be made to abolish the dangerous practices before more lives are sacrificed to what the students are pleased to term "innocent fun". It is useless for college officials to say that it is impossible for them to stop hazing, for this sort of rioting can be checked just the same as any other disorderly conduct is checked by police authority. If the faculty of an institution where hazing is carried on are not able to maintain order, and ask no police to help them in case of riot, then they are not competent to conduct such an institution and have no right to ask us to send them our sons for education. If the faculty was held responsible for hazing, it is fair to assume that the practice would be stopped. We grant that if the grounds of the large universities were under police protection there would be an immediate end of hazing, which is already responsible for the death of quite a large number of students and the maiming of as many more. By all means let public opinion assert itself to the extent that it will become necessary for every large educational institution to be placed under police con-

rol, and that every student guilty of hazing shall be deemed guilty of a misdemeanor punishable by fine and imprisonment. A. E. B.

CHARITY SHOULD BEGIN AT HOME.

The American women, largely through the efforts of Lady Randolph Churchill, are attempting to equip and supply with nurses a hospital ship for aid to the British wounded in South Africa. It might be well for the American women to remember that if they have any spare change to give to an enterprise of this character, we have a war of our own going on in the Philippines, and if all reports are true our American soldiers are as much in need of substantial sympathy as the Britisher in South Africa, and fare more deserving.

To us, this scheme of supplying a hospital ship for wounded British soldiers is a good deal like sending money to clothe the naked savages in the South Sea Islands, when hundreds and thousands of deserving poor people in our large American cities are begging for enough to keep the frosty atmosphere of our northern climate from actually freezing them to death. Surely charity should begin at home, and we regret that our American women are not sufficiently far-seeing to know that but scant credit will be given them for their donations to the British soldier when our own soldiers in the Philippines are more deserving of such consideration.

It may be a commendable thing for the American women to set the example for the English women who are doing nothing for their suffering soldiers, but we suggest that when undertakings of this kind are prompted, they should come at a time when missionary work is not needed at home. A. E. B.

NEWS NOTES AND COMMENTS

CENTIGRADE AND FAHRENHEIT.—A simple and easily remembered formula for the conversion of Centigrade degrees into Fahrenheit degrees and vice versa is the following: $\frac{2}{5} (C. + 32) = F.$
 $\frac{5}{9} (F. - 32) = C.$ —*Medical Record*.

"KNOCK-OUT" DROPS.—The criminal classes have largely settled down to the use of chloral hydrate in thirty to sixty grain doses, usually administered with beer, as "knock-out" drops. They rapidly produce unconsciousness and are especially efficacious where a person is partially intoxicated.—*Boston Med. and Surg. Jour.*

SMALL-POX ATTACKS UNVACCINATED PEOPLE.—Dr. Gibbes, health officer of Detroit, Mich., reports that on November 11th he visited those districts near Windsor, Ontario, where several cases of small-pox were reported, and found that the disease had attacked only non-vaccinated people. This certainly is a very strong argument in favor of vaccination as a preventive of the disease.

UNNECESSARY GYNECOLOGICAL OPERATIONS.—Dr. H. Abegg, in the *Centralblatt für Gynäkologie*, says that many operations are performed for uterine myomata without any urgent reasons for them, and he gives it as his own opinion that aside from malignant tumors, there is only one positive indication for laparotomies for uterine neoplasms, viz., the frequent occurrence of intractable hemorrhage.

PAY AS YOU GO.—The editor of the *Medical Record* says that the editor of the *Philistine* is not quite sure what the unpardonable sin is, but believes it to be the disposition on the part of many to avoid paying certain bills. He accuses the aristocrats of being the meanest in this particular, and says those who have a "Thursday" and are in the set have more than others despoiled him of hard earned dollars, and even "ripped his reputation up the back" when he asked for his own.

RATS AS CARRIERS OF CONTAGION.—A steamer has recently arrived in New York harbor, having in its company two men apparently convalescing from the Bubonic plague. The ship and its cargo has been thoroughly disinfected, but the *New York Medical Journal* calls attention to the fact that the ships' rats are the real source of danger. If any of the rodents, with which all vessels are more or less infected, have made their escape to the shore or have taken up their abode on craft bound for the city, a development of the plague is not unreasonable to expect.

A NEW PHARMACEUTICAL PRODUCT.—Naftalan is the name of a new preparation which the Fort Wayne Drug Company are now advertising and wish physicians in general to employ as an antiseptic, antiparasitic and antipruritic. The manufacturers believe that there is no reason why it should not occupy an equal position in the pharmacopoeia with the various resins, balsams, gums, oils, etc., inasmuch as it is a natural product obtained from the natural crude naphtha as found in certain parts of Russia. It acts beneficially in all diseases of the skin, and in some acts as a specific.

EMBALMED BEEF FOR AFRICA.—The American people heard much about embalmed beef during the Spanish-American War, and it may be a source of comfort to them to know that at the present time the English people are holding up their hands in holy horror in consequence of reports from South Africa to the effect that embalmed beef is being sent to the flower of the English army now in service in South Africa. It is said that the packers of corn beef and pork have salted down only the worst portions of very inferior beeves and pigs to supply the South African British Army.

DEATH OF DR. HENRY HODGEN MUDD, OF ST. LOUIS.—Dr. Henry H. Mudd, dean of the medical department of Washington University, and one of the leading surgeons of the West, passed away at his residence, No. 3720 Washington boulevard at 2:05 o'clock this morning, (Nov. 20, 1899.)

His four children, and his two brothers, Dr. Harvey G. Mudd of this city and Mr. Seely Mudd of Colorado were present when

the end came. So was Henry T. Mudd, the aged father of the surgeon.

His death had been expected for several days.—*Medical Mirror*.

OFFICIAL RECOGNITION OF THE OVERCROWDING IN OUR SCHOOLS.—The evils of overwork in the case of school children have claimed the attention of the Swiss officials. In the Canton of Luzerne the provision is that no lessons shall be studied at home, and that only moderate tasks be required in the secondary schools. A ten minute recess every half hour is called for, and a week's vacation at the end of every six or seven weeks. Attendance at school is not to begin before the age of seven years.

Some such provision as this should be adopted by officials throughout the United States in regard to the amount of work to be done by pupils in our public schools. The question of overwork in our schools is one that is bound to be subject to legislative restriction sooner or later, and we welcome the time when our children can be educated without the necessity of sapping their physical and mental power through a mistaken notion that successful education requires application to the full extent of the pupil's physical endurance.

HEADACHES AND THEIR TREATMENT.—In an article upon this subject Dr. T. L. Brunton, in the *British Medical Journal*, Nov. 4th, says that his first method of treatment of headache is to try to supply the brain with healthy food and to clear away any toxins that may be present in it. As first treatment he therefore administers a blue pill and a black draught, and this is followed by the administration of salicylic acid or salicylate of sodium, for the purpose of getting rid of the toxins or counteracting their effect. For those persons who are subject to headaches he generally prescribes salicylate of sodium, grains 15, 20 or 30, at night, with grains 10, 20 or 30 of bromide of potassium. This mixture acts better than either salicylate of sodium or bromide of potassium alone, and it will usually prevent a recurring morning headache. If there is a gouty, rheumatic or syphilitic taint, iodide of potassium should be also added to the treatment. In conclusion, the author says that whenever you get a case of intense headache which your drugs fail to relieve, always look out for glaucoma.

THE REVELATIONS OF THE X RAY NOT ALWAYS RELIABLE.—A Chicago electric specialist has recently shown that it is not impossible to so manipulate the X ray as to make it in some cases unreliable as evidence in a court of law. The shadowgraph showed the bones of the hand in perfect condition when the hand was exposed with the muscles relaxed, fingers extended and the members generally in a normal condition; but when the same hand was exposed with the first joints of the fingers slightly cramped, the ends of the fingers seemed in the shadowgraph to have been crushed and the bones of unnatural size. Hitherto the shadowgraph has been regarded as proof conclusive of the nature and extent of injury.

The expert stated that he has learned by long experience that it is possible for the operator to be deceived as to the location of the object disclosed by the X ray. As for instance an object arranged on the outside of the body may be made to appear as though lodged within. However honest the operator may be, unless he is a skilled electrician and possessed of a fair knowledge of anatomy, he may have been deceived and his testimony prove comparatively worthless. It has been found that the presence of poisons in the human body, unless reinforced by other testimony, is not a positive proof of guilt. As the ptomains simulate nearly every vegetable poison so that it is difficult to characterize, so the X ray is not always sufficient testimony in itself but must be strongly reinforced.—*Medical Times*.

THE BULLETIN OF THE INDIANA STATE BOARD OF HEALTH.—Public health matters in the State of Indiana are assuming much more importance than heretofore in consequence of the amended health law passed by the last State legislature. Deaths must now be collected monthly, and births, marriages and contagious diseases are collected each quarter by the State Board. Births must be reported within fifteen days to the nearest health officer, by attending physicians, if any, otherwise by the householder. Contagious diseases must be reported immediately to the nearest health officer, and marriages monthly.

The old quarterly bulletin of the State Board of Health has been supplanted by the monthly bulletin, which will be sent to all health officers and deputies in the State, and all others who apply for the same. The bulletin contains information of much import-

ance, inasmuch as instructions, rules and general information are printed, which are of service to health officers and other interested persons.

Dr. Hurty, the very efficient secretary of the board, is deserving of much credit for his indefatigable work in advancing the interests of public health and sanitation. It was largely through his influence that the old health law was amended, and it is also largely through his influence that many inefficient health officers throughout the State have been encouraged to carry out the provisions of the law which provide for a betterment of the health of the community.

THE SELLING OF PATIENTS.—If all reports are true fully three-fourths of the prominent medical men of Chicago are guilty of either offering, without solicitation, commissions for patients sent to them for special treatment, or of granting commissions to those who have the boldness to ask for them. As a means to determine the position taken by the principal surgeons of Chicago, a decoy letter was sent to the reputable men practicing such specialty, asking for the maximum percentage allowed for referring patients. Notwithstanding the fact that the letter placed the matter on a purely commercial basis, fully sixty per cent. of those to whom the letter was addressed replied that they were willing to do business upon the plan proposed.

It occurs to us that this question of commissions should be settled one way or the other, and that those men who offer a commission should frankly admit it so that the general profession will know where they stand.

The following, bearing upon this subject, recently appeared in the October number of *Medicine*:* A physician took a patient to Chicago and for nearly two weeks canvassed the surgical field to know where the largest commission could be obtained. The patient had agreed to pay \$300 for the operation. The family physician finally secured the services of a young surgeon who had performed but two laparotomies and was anxious to perform a third. The patient lived through the operation, the surgeon received \$75 and the physician who brought the case to the city received \$225. The question arises as to how long the family physician expects to hold the confidence and respect of patrons if he subjects them to such mercenary slaughter as this.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics
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HEMOGLOBINURIA.—Brasher, in the *Denver Medical Times*, for October, reports two cases of hemoglobinuria, one in a child of three years, the other in an infant a few days old.

In the first case the mother and infant had died with a similar affection when the child of three developed the disease. Both cases recovered with the use of antiseptics, chiefly calomel.

The infectious form was apparent in the first case, while in the last neither the mother nor the child, two years old, showed the slightest symptoms of the disease. From the fact that the return to the breast milk, after the first intermission, was almost immediately followed by increase of skin discoloration, with more frequent and violent convulsions, and the latter ceasing with free purgation and a return to the cream solution, it seems probable that the toxic element came from the breast milk, from which it probably disappeared during the second intermission, during which time the mother was subjected to intestinal infection and required to take plenty of out-door exercise.—*Charlotte Med. Jour.*

SUPPRESSION OF URINE FROM MALIGNANT DISEASE.—Fenwick reports a case of suppression of urine lasting over a period of five days. On examination of the patient at the end of this time the abdomen was extremely distended. A catheter was passed and the bladder was found to be empty. The cystoscope showed the left ureter blocked with a plug of grayish mucus, and from the right ureter there extruded a flattened clot. The patient was operated upon. The left kidney was found hard and enveloped in a stony mass of growth. The right was soft but its ureter was apparently compressed by a mass of hard nodules in the mesentery. This pressure was relieved, and for the next seven days the

patient passed an average of 100 ounces of urine daily. The quantity then decreased rapidly, and he died on the 11th day. The autopsy showed the mesentery converted into a hard mass of carcinomatous growth. The intestines were not involved; the left kidney was completely destroyed and could hardly be separated from the surrounding mass of cancer. The ureter was a mere fibrous cord which could be dissected out from the general mass. The right kidney was involved at the commencement of the ureter and in a small portion of the plevus. The ureter was patulous, but had apparently been squeezed by the hard carcinomatous mass of mesentery. A persisting umbilical vein was discovered which was filled with a clot.—*Phil. Med. Jour.*, abstract from *London Lancet*.

SO-CALLED FUNCTIONAL MENTAL DISORDERS.—For a number of years Nissl has been making a study of every brain that came to the autopsy, and he announces that every psychosis—whatever its nature—has a positive anatomic cortical foundation, hence the term of functional mental disorder, meaning one without an anatomic foundation, must be abandoned. He has preparations from persons with katatonia, in which the proliferation of the glia is fully as pronounced as in cases of progressive paralysis. He also has preparations from “involution melancholia,” in which the ravages in the cortex were much more severe than in paralysis. In a case of suicide he found a most astonishing increase in glia-cells, and that they had swallowed the greater part of the nerve-cells of the inner zone of the medullary fibres. The man had been considered sound to the very last, but inquiry showed that he was a victim of unrecognized katatonia. He announces that in eighty cases of progressive paralysis Unna’s plasma-cells were constantly found abnormally numerous in the adventitia of the cortical vessels, while Ehrlich’s granular cells—Mastzellen—were occasionally encountered in cases of epilepsy, katatonia, melancholia, idiocy, etc. We can assume therefore, that the presence of Unna’s plasma-cells is pathognomonic of paralysis, but no one would claim that the psychic manifestations are due to these, and it has never yet been absolutely established that any of the alterations noted in this disease are the cause of the psychic disturbances. “We can only distinguish the nerve-cells and the nerve-fibres to a certain point. We trace the nerve-fibril to the

wall of the nerve-cell, and beyond, to the tips of the dendrites and follow the dendrites through the axon into the axis-cylinder to the point where it vanishes from our sight. The wall of the cell confines the perpendicular net work, and this side is the gray substance in which the axis-cylinder has vanished from our observation. We know nothing of the more intimate relations between the nerve-fibre and the cell body, or between it and the gray substance, and any interpretation of these facts is utterly beyond us. The question now before us is to determine whether and to what extent the clinical pictures observed parallel the pathologic anatomic processes." "Diseases developing on an anatomically intact foundation are unknown to science."

DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

A DENTAL HEMOSTATIC.—Two parts of chloroform with 100 parts of water applied to the cavity after extraction of a tooth will stop the bleeding.—*Spaak*.

ELIMINATION OF TOXINS BY SALIVATION.—Leube, of Wurtzburg, (*Med. News*) recommends that salivation be used in connection with diuresis, diaphoresis, etc., in the treatment of hydrophobia. (That salivation might be employed with benefit in other forms of toxemia beside hydrophobia seems probable.—Ed. .

THE DOUCHE.—Dr. Frank A. Stahl, of Chicago, (*Jour. Am. Med. Asso.*) thinks that the douche has fallen into disrepute to the detriment of patients, and that it will soon be reinstated to the position to which it deserves as a prophylactic and remedial measure. He holds that the dangers of the douche have been much overrated; that the wounds produced by labor will heal much more kindly and promptly with, than without douching; that the beneficial efficacy of the douche in abortion is an established fact; that the douche is a splendid antipyretic and the patient feels

stronger and better after its use; that ophthalmia neonatorum and post puerperal infections of the mother are prevented by the douche.

TO AVOID NAUSEA AND VOMITING FOLLOWING ANESTHESIA.—Blumfield makes the following recommendations: 1. To use as little of the anaesthetic as possible consistent with perfect anaesthesia; 2, to wash out the stomach at the close of the operation, when much mucus has been swallowed; 3, in protracted operations to substitute chloroform for ether after three-quarters of an hour; 4, to move the patient about as little as possible during and after the operation; 5, to place him on his right side in bed, with the head only slightly raised; 6, to give nothing but hot, thin liquid in small quantity for at least eight hours afterward; 7, to avoid altering the temperature of the room for several hours.—*The Lancet*, Sept. 23, 1899.

URETERO-INTESTINAL ANASTOMOSIS IN EXSTROPHY OF THE BLADDER.—Within the past few months several successful cases of uretero-intestinal anastomosis have been reported. This operation originated with Simon in 1852, but was subsequently abandoned, chiefly, it is said, on account of ascending infection of the kidney. In reporting a successful operation of this nature in *Revue Mensuelle des Maladies de l'Enfance*, Nove-Josserand considers that the danger of pyelo-nephritis has been greatly decreased since Maydi, in 1894, proposed fixing the trigonum vesicae in the intestine, thus preserving the normal ureteral openings with their sphincters. Of eighteen cases of this operation, collected by the author, three died—one from shock, one from infection, and the third from pyelo-nephritis, four months after the operation. Several cases that were followed from six to fifteen months had developed no disease of the kidney, and continence was perfect in all but two. The patients could retain their urine, on an average, from three to four hours; some as long as six or seven hours. There was no rectal tenesmus, colic, nor diarrhea in any of the cases. While the prognosis as to life is not so good in this as in the usual plastic operation, the benefit derived is much greater. The incontinence resulting from the absence of a vesicle sphincter cannot be remedied by the usual plastic methods.—*Pediatrics*, Dec., 1899.

THE USES OF RECTAL IRRIGATION IN GYNAECOLOGY.—Dr. C. R. Hyde *Amer. Gyn. and Obs. Jour.*; (*Canada Lancet*) thus epitomizes a paper on Rectal Irrigation in Gynaccology: Rectal Irrigation has been found to have a distinct value:

1. In leucorrhoea.
2. As a substitute for vaginal douching in young girls
3. In acute and chronic ovarian and tubal lesions, with the possible exception of pyosalpinx.
4. In intestinal paralysis following sepsis.
5. After major pelvic operations to relieve any abdominal discomfort or tympanites.

6. In intestinal colic. In constipation its value is doubtful.

The author says that rectal irrigation commends itself to gynaecologists for thoughtful and unprejudiced consideration, as having seldom failed to meet the test on fair trial.

For the irrigation either a rubber, aluminum, or glass tube is used, and at least two gallons, preferably from six to eight of saline solution at a temperature of from 110 degrees F to 115 degrees F. are employed.

The advantages of this method over the vaginal douche lie in the fact that a much greater amount of fluid may be used, and that it comes in contact with a much greater vascular surface.—*N. Y. Med. Jour.*

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

THE POLITZER AIR BAG IN REMOVAL OF FOREIGN BODIES FROM THE NOSE.—Dr. D. S. Humphreys, in a recent number of the *Medical Record*, reports a case in which a cotton seed lodged in the nostrils of a three year old child was easily removed by placing the nozzle of a Politzer air bag in the opposite nostril, and by forcible pressure of the air bag, blowing the seed from its lodgment. The screaming of the frightened child closes the poste-

rior nares and assists in forcing the air through the open nostril. The method is well worth remembering and will prove serviceable in the removal of small articles which have not become tightly lodged within the nasal cavities.

RECURRENCE OF THE TONSIL AFTER EXCISION.—Dr. F. E. Hopkins, in the *New York Medical Journal*, December 2nd, says that it has been generally believed that recurrence of the tonsil after excision for simple hypertrophy does not take place, but that a few cases coming to his notice has caused him to believe that there is a possibility that recurrence does sometimes follow. In substantiation of this he cites a case in which a girl thirteen years of age, upon whom a thorough tonsillotomy had been performed, disclosed a well-marked tonsillar hypertrophy several months later which required a second operation. Dr. Hopkins believes, however, that this seldom occurs except in patients of strumous condition, or in those cases in which the excision has not been complete. Statistics seem to prove that recurrence is a rare exception, occurring but once or twice in five or six hundred patients.

HEMORRHAGE FOLLOWING REMOVAL OF ADENOIDS.—W. A. Martin, in the July number of the *Laryngoscope*, reports three cases of severe hemorrhage following the removal of adenoid growths. He had been operating upon these growths for seven years before he had any such unpleasant experience, and had therefore begun to think that his methods were more careful and better than those of physicians who had reported accidents of this character. He concludes by saying that severe, and perhaps fatal, hemorrhage may follow adenoid operations and that every precaution should be taken to prevent such a complication. He believes that the patient should be within easy reach for two or three hours following the operation, that quiet should be enjoined and that on the first appearance of hemorrhage active steps should be taken to check it at once.

OPERATION IN SINUS THROMBOSIS.—Dr. A. R. Baker, in the *Cleveland Medical Gazette*, for September, 1899, reports the case of a boy aged eleven who was received in the hospital giving his-

tory of pain in the ear. One week before admission there were chills, high temperature, and tenderness over the mastoid. The ordinary mastoid operation was performed and a large abscess was opened. The temperature immediately fell to subnormal, but on the following evening it rose to 102 degrees. During the subsequent two weeks the temperature pursued a varying course, ranging from normal to 105 degrees. On five occasions during the two weeks it passed 104 degrees. Except during the chill and the succeeding high temperature, the boy was bright and reflexes were normal. There was no swelling or tenderness along the course of the jugular vein. From the absence of cerebral symptoms and the character of the temperature chart he was able to make a diagnosis of sinus thrombosis and determined upon radical operation.

Fourteen days after the first operation the sigmoid sinus was exposed for a distance of one and a half inches. There was absence of pulsation and no hemorrhage. It was then curetted upward until a free flow of blood was obtained. A tampon of iodoform gauze was held against the upper portion of the field of operation to control hemorrhage, and the lower portion of the sinus curetted. Before free hemorrhage was obtained it was necessary to pass the curette well down into the jugular vein.

The gross appearance of the sinus was like granulation tissue, but it was not microscopically examined; the quantity was considerable, amounting to two or three drachms. After the operation there was no rise of temperature of any kind. There was no hemorrhage and no suppuration, the boy making a rapid recovery. A slight purulent discharge continued from the ear for some weeks, but at the time the report was made this had ceased.

It is claimed that these cases are by no means infrequent, and that the diagnosis is usually made post mortem. The writer thinks there is no good reason why they should not be recognized and many lives saved by timely operation.—*Medicine*.

ADVANCES IN THE SURGICAL TREATMENT OF STRABISMUS.—One of the most important papers presented at the Columbus meeting of the American Medical Association (reproduced in the *Journal of the American Medical Association*) was that by the well-known investigator, Dr. Edmond Landolt, of Paris, upon the above

subject. Coming as it does from an established authority, this paper will have a marked influence, and is well worthy of consideration by the army of ophthalmologists who almost daily have to contend with inequality of the ocular muscles.

Among other things Dr. Landolt says the surgical treatment of strabismus is today still in a very primitive state; it consists for the most part in tenotomy. A squinting eye is tenotomized just as one tenotomizes a clubfoot. Tenotomy is done just as von Graefe did it half a century ago, although the results of this operation are often most unsatisfactory. Yet we ought long ago to have learned to distinguish between an eye and a foot—between strabismus and talipes. If the eyes have not the reciprocal direction required by binocular vision, there is strabismus. The individual is, therefore, liable to strabismus whenever binocular vision is not present. While strabismus shows itself only in one eye, it is essentially a binocular affection, as has been pointed out by numerous investigators.

The following conclusions may be safely drawn:

1. Since binocular vision governs the normal direction of the eyes it is the most important factor in the re-establishment of the normal direction, i. e., the treatment of strabismus.

2. When binocular vision is lost, for instance, in amaurosis of one eye, we cannot expect a satisfactory correction of squint, and operation can produce only a cosmetic effect.

3. When the vision is fairly good in both eyes, we must try, by every means in our power, to restore binocular vision, since it is our most powerful ally in any treatment of strabismus.

4. Since the relation between accommodation and convergence plays such an important part in the associated movements of the eyes, we must make this association our aid in the treatment of strabismus, especially in convergent strabismus. We diminish convergence—by excluding accommodation—with cycloplegic and convex glasses.

5. Since strabismus soon brings about changes in the ocular muscles, these measures alone can give satisfactory results only in recent cases. When the strabismus has existed for a certain time, we have to modify, first of all, the oculo-muscular system of the patient. This is the object of surgical interference.

Regarding surgical interference Landolt says that hitherto most oculists have tenotomized the “deviating muscle,” as they call

it. This was done on the theory that there is an analogy between a strabismus and clubfoot, and because their ideas of the movements of the eyes and the effect of tenotomies are erroneous, and finally, because tenotomy is a very simple operation.

The erroneous notion that still exerts its harmful influence in the surgical treatment of squint rests on a misunderstanding. Donders, Helmholtz and others proved that the ocular globe turns round a center essentially fixed. Hence it was concluded that in tenotomy of an internal rectus, for instance, the eye could only turn round this center toward the temple. It was even thought that the eye gains in temporal excursion. This, of course, is not so, as has already been proven. When the insertion of one of the recti muscles is set back, the first result is that the eye drops forward, advancing out of its muscular funnel. Its center of rotation becomes displaced in an unfavorable way and the muscles have less grasp on the globe. The muscle thus retracted loses in great part its influence on the eyeball, and its antagonist gains little or nothing. Why should it gain? What prevents, for instance, the external rectus from making the eye turn toward the temple in convergent strabismus? To it the rectus internus? This could only happen in a case where that muscle had been shortened and had lost its elasticity by structural alterations in such a way that its relaxation would be impossible. But the limitation we notice in the excursion of the eye in the direction opposite to that of the squint is due to want of exercise of the muscle that acts in that direction. Indeed, it does not exist at the beginning of the squint, but becomes evident only when the squint has lasted some time. This weakness of the muscle is not affected by the artificial enfeeblement which its antagonist undergoes by its setting back. On the other hand the advancement of the weak muscle restores to the eye often more than its normal excursion, without limiting it in the opposite direction. This could not be the case if the antagonist had lost its contractility.

These facts, which a correct conception of the movements of the eyes would have led us to anticipate, are proved by our experiments. The field of excursion, considerably limited on the tenotomized side, is little, sometimes not at all, increased on the opposite side. Even in a normal muscular system, tenotomy of an abductor which considerably limits abduction—i. e., divergence—but slightly increases divergence.

From these facts it follows that instead of making a muscle

feebler than its real antagonist, by setting back, we should endeavor to increase the force of the weakened muscle, by its advancement. With a more favorable insertion, the muscle will exert on the ocular globe a more powerful influence. Besides, having shown that the consequences of strabismus always make themselves felt simultaneously in both eyes, it follows that *we should practice muscular advancement on the two external recti in convergent strabismus; on the two internal recti in divergent strabismus.*

In conclusion the writer says that it is our duty to re-establish by every means in our power binocular vision, knowing it to be our most powerful assistance in arriving at what we consider to be a good operative result, viz., the re-establishment of the normal relative direction of the two eyes, where the person looks straight forward, to the right, to the left, above, or below, and whether he fix a distant or a near object.

He does not altogether condemn tenotomy, though this operation is reserved for certain rare cases in which it is desired to increase the effect of muscular advancement. The two operations, however, are not performed at one sitting, it being advisable to wait for the definite results of the two advancements. When tenotomy is necessary it should be subconjunctival and without detaching the muscle from its surroundings, which would produce great recession of the muscle and a too pronounced advance of the globe in its muscular funnel.

BOOK REVIEWS.

DISEASES OF CHILDREN. A manuel for Students and practitioners. By George M. Tuttle, M. D., Attending Physician to St. Luke's Hospital; Martha Parson's Hospital for Children; and Bethesda Foundling Asylum, St. Louis. Series edited by Bern B. Gallaudet, M. D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York; Visiting Surgeon, Bellevue Hospital, New York. Illustrated with five plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York.

In this volume of nearly 400 pages is contained an excellent summary of the practice of medicine with special reference to the peculiar conditions and indications of childhood. While the general laws of pathology are the same at all ages yet the necessity of studying them in their relation to the earlier years of life is perfectly obvious and has given rise to the well recognized specialty of paediatrics. There is a vast fund of information concerning the evolution of childhood which the general practitioner ought to know and until recently has very much neglected and which was formerly only accessible through scattered volumes and which has been in this little brochure admirable condensed and summarized. There are chapters for instance on the infant at birth, normal developments of the infant, the examination of the child, diseases of the new-born infant, and the feeding of infants, after which is taken up seriatim, the diseases of the digestive system, nutrition, circulatory, respiratory, genito-urinary and nervous systems followed by others on lymph-nodes, skin, ear, bones and infections.

It does not seem clear why the ear should have a special chapter and not the eye in view of the fact that the blind asylums are largely populated by neglected victims of ophthalmia neonatorum. But of course one cannot expect everything within so handy a compass and the care of the eyes receives brief though emphatic notice in the opening chapter.

The work is not expected of course to take the place of or furnish the data contained in such systematic treatises as Keating, or even any of the excellent single volume treatises on the subject. It furnishes, however, an excellent work for ready and rapid reference and especially for a hasty review of the salient facts of pediatrics either for students or for practitioners in whose minds the crowded data fired at them from the lecture rostrum of by gone days have become more or less misty. For these purposes the book is cordially and highly recommended. G. W. M.

A COMPEND OF THE PRACTICE OF MEDICINE—By Dan'l E. Hughes, M. D., Chief Resident Physician, Philadelphia Hospital; Physician-in-Chief, Insane Department, Philadelphia Hospital; Late Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia, etc., et. Sixth Physicians' Edition. Thoroughly Revised and Enlarged. Including a Section on Mental Diseases and a Very Complete Section on Skin Diseases. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St., 1899.

This work was noticed at length upon the issue of a preceding edition and does not therefore now call for extended notice. Neither is it necessary for the writer to again advert to what he regards as the proper place of the compend in current medical literature, further than to say that it is very useful if not made to take the place of serious and more extended study on the part of those who use it, and is limited principally to purposes of review or quickly obtaining points which it might contain much as one would consult a pocket dictionary and feel that he had the Century or Encyclopedia in reserve.

This volume ranges over the entire field of practical medicine, even including a comparatively lengthy section on diseases of the skin and mental diseases, both of which are omitted from many more pretentious works on the practice of medicine. The book will be found to be an excellent representative of its type and is recommended to any who have need of compends. G. W. M.

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—TO—

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